


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 038 \*\*\*\*70.00

<b>DOCUMENT # N35066</b>		
1. Entity Name <b>MID-FLORIDA HOUSING PARTNERSHIP, INC.</b>		

Principal Place of Business <b>1834 MASON AVE DAYTONA BEACH, FL 32117 US</b>	Mailing Address <b>1834 MASON AVE DAYTONA BEACH, FL 32117 US</b>
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**60026087**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAPINS, HARRY 527 BEVILLE RD SOUTH DAYTONA, FL 32119		Name <b>Harry M<sup>c</sup> Dermott</b> Street Address (P.O. Box Number is Not Acceptable) <b>1016 Belaire Drive</b> City <b>Daytona Beach</b> FL Zip Code <b>32118</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>Harry M<sup>c</sup> Dermott</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>03/14/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPINS, HARRY 527 BEVILLE RD SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D McDermott, Harry 1016 Belaire Drive Daytona Beach, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, FRANCINE 1834 MASON AVE DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	myd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKE, TONY 1834 MASON AVE DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sharon L. Bridges 169 Deer Lake Circle Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HASTINGS, ANITA 301 FLAGLER AVE NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Harry Lapins 1737 W. Clyde Morris Blvd, Ste 120 Daytona Beach, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, CYNDI HUGHES 5111 RIDLEWOOD AVE STE 200 PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Anthony L. Blake, Sr. 210 S. Franklin Street Daytona Beach, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE: Francine Gordon</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3/14/07</b> <small>Daytime Phone # <b>386-274-4441</b></small>
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