

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35066

FILED
Apr 03, 2009
Secretary of State

Entity Name: MID-FLORIDA HOUSING PARTNERSHIP, INC.

Current Principal Place of Business:

1834 MASON AVE
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1834 MASON AVE
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDERMOTT, LARRY
1016 BELAIRE DRIVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDERMOTT, LARRY
Address: 1016 BELAIRE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: GORDON, FRANCINE
Address: 1834 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: SD () Delete
Name: BRIDGES, SHARON L
Address: 169 DEER LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: LAPINS, HARRY
Address: 1737 N. CLYDE MORRIS BLVE, STE 120
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD () Delete
Name: BLAKE, SR., ANTHONY L
Address: 210 S. FRANKLIN STREET
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LONG, AUBREY
Address: 5441 FREDERICK LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: VD (X) Change () Addition
Name: BRIDGES, SHARON L
Address: 169 DEER LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: TROXLER, DAVID
Address: 1166 PEACHTREE ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MCDERMOTT

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date