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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35827 (7)

1. Corporation Name

HABITAT FOR HUMANITY OF GREATER OCALA, INC.

Principal Place of Business

1126 E. SILVER SPRINGS
OCALA FL 34471
US

Mailing Address

P.O. BOX 5578
OCALA FL 34478-5578
US

3. Date Incorporated or Qualified

12/27/1989

3a. Date of Last Report

01/29/1996

4. FEI Number

59-2992077

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CONNIE B.
975 N.W. 70 TERRACE
OCALA FL 34482

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME JARRETT, MARLENE
STREET ADDRESS 2080 NE 44ST
CITY-ST-ZIP OCALA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME PATTILLO, MARY ALICE
STREET ADDRESS P.O. BOX 5578
CITY-ST-ZIP OCALA FL2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME PATTILLO, MARY ALICE
2.3 STREET ADDRESS 2241 SE 13 ST. (D)
2.4 CITY-ST-ZIP OCALA, FL 34471TITLE SD ☒ DELETE
NAME FLYNN, SHIRLEY
STREET ADDRESS 27 S.E. 11TH AVENUE
CITY-ST-ZIP OCALA FL3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME LOIS McLEOD
3.3 STREET ADDRESS 520 SE 4TH KING ST. (D)
3.4 CITY-ST-ZIP OCALA, FL 34471TITLE TD ☐ DELETE
NAME JONES, CONNIE B. (D)
STREET ADDRESS 975 N.W. 70 TERRACE
CITY-ST-ZIP OCALA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE VICE PRESIDENT (D)
5.2 NAME JOHN FEW
5.3 STREET ADDRESS 2064 SE 37TH COURT CIRCLE
5.4 CITY-ST-ZIP OCALA, FL 34471TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CONNIE B. JONES, Treasurer

1/10/97

352-351-4663

CR2E037 (9/96)