

5-5-98 B-6498 -C  
FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35827** (7)  
1. Corporation Name  
**HABITAT FOR HUMANITY OF GREATER OCALA, INC.**

Principal Place of Business <b>1126 E. SILVER SPRINGS OCALA FL 34471 US</b>	Mailing Address <b>P.O. BOX 5578 OCALA FL 34478 US</b>
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3. Date Incorporated or Qualified

**12/27/1989**

4. FEI Number

**59-2992077**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**25** Suite, Apt. #, etc.

**26** City & State

**27** Zip

Country

**28**

**29**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 **MARY SCRIBNER**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**307 NE 36 AVENUE**

**83**

**84** City **OCALA**

**FL** **85** Zip Code **34470**

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

*Mary C. Scribner*  
Signature, typed or printed name of registered agent and title if applicable

**MARY SCRIBNER, TREASURER**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FEW, JOHN</b>	
STREET ADDRESS	<b>2084 SE 37 CT CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PATILLO, MARY ALICE</b>	
STREET ADDRESS	<b>2241 SE 13 ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLEOD, LOIS</b>	
STREET ADDRESS	<b>520 SE FT KING ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, CONNIE B.</b>	
STREET ADDRESS	<b>975 N.W. 70 TERRACE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARY SCRIBNER</b>	
1.3 STREET ADDRESS	<b>307 NE 36 AVENUE</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL 34470</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Mary C. Scribner* **MARY SCRIBNER**

**352-694-4184**

CR2E037 (10/97)