


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90060 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N35827</b>					
1. Corporation Name <b>HABITAT FOR HUMANITY OF GREATER OCALA, INC.</b>					
Principal Place of Business 1126 E. SILVER SPRINGS OCALA FL 34471 US			Mailing Address P.O. BOX 5578 OCALA FL 34478 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/27/1989 4. FEI Number 59-2992077 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
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Applied For  
☒ Not Applicable

**\$8.75** Additional Fee Required

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent <b>SCRIBNER, MARY 307 NE 36TH AVE OCALA FL 34470</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEW, JOHN	1.2 NAME	Steven Stock
STREET ADDRESS	2064 SE 37 CT CIRCLE	1.3 STREET ADDRESS	7 East Silver Springs Blvd
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTILLO, MARY ALICE	2.2 NAME	Robin McBride
STREET ADDRESS	2241 SE 13 ST	2.3 STREET ADDRESS	PO Box 5894
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34478
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, LOIS	3.2 NAME	
STREET ADDRESS	520 SE FT KING ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIBNER, MARY	4.2 NAME	
STREET ADDRESS	307 NE 36TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Mary Scrivner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

352-694-4184

Daytime Phone #

CR2E037 (11/98)