

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90031 033 \*\*\*\*70.00

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02012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N35827</b> 1. Entity Name <b>HABITAT FOR HUMANITY OF MARION COUNTY, INC.</b>					
Principal Place of Business <b>2100 SE 17TH ST SUITE 202 OCALA, FL 34471 US</b>			Mailing Address <b>P.O. BOX 5578 OCALA, FL 34478 US</b>		
2. Principal Place of Business <b>926 NW 27th Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ocala, Florida</b>		City & State			
Zip <b>34475</b>	Country <b>Marion</b>	Zip	Country	4. FEI Number <b>59-2992077</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INGRAM, TOM 2437 SE 17TH ST OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCBRIDE, ROBIN 1720 SE 11TH ST OCALA, FL 34471	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MCBride, Sandy 1553 SE 17th Street Ocala FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDT, BOB 230 NE 25TH AVE STE. 200 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T Fred Doerr 2437 SE 17th Street Ocala, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOSSING, DAVID 1724 SE 17TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>C Ingram, Tom 2437 SE 17th Street Ocala, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT INGRAM, TOM 2437 SE 17TH ST OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S Lossing, David 1724 SE 17th Avenue Ocala, FL 34471</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 exemption stated in Section 119.07(3)(i), 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:</b> <b>Fred L. Doerr</b> <span style="float: right;"><b>2/4/05 (352) 732-3872</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					