

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 14, 2005
Secretary of State**

DOCUMENT# N35827

Entity Name: HABITAT FOR HUMANITY OF MARION COUNTY, INC.**Current Principal Place of Business:**926 NW 27TH AVENUE
OCALA, FL 34475 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5578
OCALA, FL 34478 US**New Mailing Address:**

FEI Number: 59-2992077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:INGRAM, TOM
2437 SE 17TH ST
OCALA, FL 34471 US**Name and Address of New Registered Agent:**NIMMO, ROBERT B
P.O. BOX 5578
OCALA, FL 34478 US

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: ROBERT B. NIMMO

11/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: MCBRIDE, SANDY
Address: 1553 SE FT KING STREET
City-St-Zip: Ocala, FL 34471 USTitle: VD () Delete
Name: DOERR, FRED
Address: 2347 SE 17TH STREET
City-St-Zip: Ocala, FL 34471 USTitle: C () Delete
Name: INGRAM, TOM
Address: 2437 SE 17TH STREET
City-St-Zip: Ocala, FL 34471 USTitle: S () Delete
Name: LOGGING, DAVID
Address: 1724 SE 17TH AVENUE
City-St-Zip: Ocala, FL 34471 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: C (X) Change () Addition
Name: RUTTENBUR, JEFFREY
Address: P. O. BOX 3340
City-St-Zip: BELLEVIEW, FL 34421 USTitle: VC (X) Change () Addition
Name: LOSSING, DAVID
Address: 1724 SE 17TH AVENUE
City-St-Zip: Ocala, FL 34471 USTitle: S (X) Change () Addition
Name: LETCHWORTH, ELIZABETH
Address: 20861 SW 81TH LOOP
City-St-Zip: DUNNELLON, FL 34431 USTitle: T (X) Change () Addition
Name: DOERR, FRED
Address: 2347 SE 17TH STREET
City-St-Zip: Ocala, FL 34471 USTitle: P/C () Change (X) Addition
Name: NIMMO, ROBERT B
Address: P.O. BOX 5578
City-St-Zip: Ocala, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT B. NIMMO

P/C

11/14/2005

Electronic Signature of Signing Officer or Director

Date