

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35827

FILED  
Feb 17, 2006  
Secretary of State

**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:**

NIMMO, ROBERT B  
P.O. BOX 5578  
OCALA, FL 34478 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: RUTTENBUR, JEFFREY  
Address: P. O. BOX 3340  
City-St-Zip: BELLEVIEW, FL 34421 US

Title: VC ( ) Delete  
Name: LOSSING, DAVID  
Address: 1724 SE 17TH AVENUE  
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete  
Name: LETCHWORTH, ELIZABETH  
Address: 20861 SW 81TH LOOP  
City-St-Zip: DUNNELLON, FL 34431 US

Title: T ( ) Delete  
Name: DOERR, FRED  
Address: 2347 SE 17TH STREET  
City-St-Zip: OCALA, FL 34471 US

Title: P/C ( ) Delete  
Name: NIMMO, ROBERT B  
Address: P.O. BOX 5578  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date