

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35827

FILED
Apr 24, 2007
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 ()

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:

NIMMO, ROBERT B
926 SW 27TH AVENUE
OCALA, FL 34475 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:

04/24/2007

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: S (X) Change () Addition
Name: LOSSING, DAVID
Address: 1724 SE 17TH AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: VC (X) Change () Addition
Name: LETCHWORTH, ELIZABETH
Address: 20861 SW 81TH LOOP
City-St-Zip: DUNNELLON, FL 34431 US

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 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

04/24/2007

Electronic Signature of Signing Officer or Director

Date