2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
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 ( )**

Name and Address of Current Registered Agent:

NIMMO, ROBERT B
926 SW 27TH AVENUE
OCALA, FL 34475 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
Name: LETCHWORTH, ELIZABETH
Address: P. O. BOX 3340
City-St-Zip: BELLEVIEW, FL 34421 US

Title: T
Name: CHRISTMAS, CANDY
Address: 7210 SW 97 PLACE
City-St-Zip: OCALA, FL 34476 US

Title: VC
Name: CRETUL, BRIAN
Address: 1626 SE 7 STREET
City-St-Zip: OCALA, FL 34471 US

Title: S
Name: LOSSING, DAVID
Address: 2028 SE 11TH STREET
City-St-Zip: OCALA, FL 34471 US

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT B. NIMMO P/C 01/07/2010

Electronic Signature of Signing Officer or Director Date