

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35827

FILED
Apr 24, 2003
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF GREATER OCALA, INC.

Current Principal Place of Business:

22100 SE 17TH ST
SUITE 202
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 5578
OCALA, FL 34478 US

New Principal Place of Business:

2100 SE 17TH ST
SUITE 202
OCALA, FL 34471 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:

SCRIBNER, MARY
307 NE 36TH AVE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

INGRAM, TOM
2437 SE 17TH ST
OCALA, FL 34471 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: TOM INGRAM

04/24/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCUNE, JIM
Address: 1230 SE 12 ST
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: WALKER, RUSS
Address: 5280 SE 15TH CT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: MCBRIDE, ROBIN
Address: 1720 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SCRIBNER, MARY
Address: 307 NE 36TH AVE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALKER, RUSS
Address: 5280 SE 15TH CT
City-St-Zip: OCALA, FL 34480 US

Title: VD (X) Change () Addition
Name: MCBRIDE, ROBIN
Address: 1720 SE 11TH ST
City-St-Zip: OCALA, FL 34471 US

Title: DS (X) Change () Addition
Name: LANDT, BOB
Address: 230 NE 25TH AVE, SUITE 200
City-St-Zip: OCALA, FL 34470 US

Title: DT (X) Change () Addition
Name: INGRAM, TOM
Address: 2437 SE 17TH ST
City-St-Zip: OCALA, FL 34471 US

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: TOM INGRAM

DT

04/24/2003

Electronic Signature of Signing Officer or Director

Date