

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35827

Entity Name: HABITAT FOR HUMANITY OF MARION COUNTY, INC.**Current Principal Place of Business:**1321 SE 25TH LOOP
OCALA, FL 34471**Current Mailing Address:**P.O. BOX 5578
OCALA, FL 34478 US**FEI Number:** 59-2992077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIMMO, ROBERT B
1321 SE 25TH LOOP
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	LETCHWORTH, ELIZABETH
Address	20861 SW 81ST LOOP
City-State-Zip:	DUNNELLON FL 34431

Title	VC
Name	ADAMS, JOSEPH PASTOR
Address	5200 SW COLLEGE ROAD
City-State-Zip:	OCALA FL 34474

Title	T
Name	DOERR, FRED
Address	2428 SE 14TH STREET
City-State-Zip:	OCALA FL 34471

Title	S
Name	LANIER, JEFF
Address	1517 SE 11TH STREET
City-State-Zip:	OCALA FL 34471

Title	P/C
Name	RUTTENBER, JEFF
Address	337 SE 39TH TERRACE
City-State-Zip:	OCALA FL 34471

Title	PRESIDENT/CEO
Name	NIMMO, ROBERT B
Address	1321 SE 25TH LOOP
City-State-Zip:	OCALA FL 34471

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**PRESIDENT/CEO****01/05/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date