

2021 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
SUITE 103
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:**LAYMAN, DAVID L
1321 SE 25TH LOOP
SUITE 103
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** PAST-CHAIRMAN, PRESIDENT,
OTHER**Name** CHRYST, ELIZABETH**Address** 20861 SW 81ST LOOP**City-State-Zip:** DUNNELLON FL 34431**Title** VC**Name** CONRAD, CASSANDRA**Address** 1603 SW 19TH AVE**City-State-Zip:** OCALA FL 34471**Title** CHAIRMAN**Name** FISCHER, LAUREN**Address** 807 SW 3RD AVE**City-State-Zip:** OCALA FL 34471**Title** SECRETARY**Name** FRICKS, ROSEANN**Address** 2300 SW 17TH ROAD**City-State-Zip:** OCALA FL 34471**Title** DIRECTOR**Name** COOKSEY, ROBERT**Address** 5393 SE 107TH STREET**City-State-Zip:** BELLEVIEW FL 34420**Title** TREASURER**Name** MCCARTHY, DAVE**Address** 9634 SW 92ND PLACE ROAD**City-State-Zip:** OCALA FL 34481**Title** DIRECTOR**Name** DAVIS, THOMAS**Address** 8375 SW 108TH LOOP**City-State-Zip:** OCALA FL 34481**Title** DIRECTOR**Name** HALSTEAD, JASON**Address** 3285 SE 54TH AVE**City-State-Zip:** OCALA FL 34480**Continues on page 2**

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: DAVID L LAYMAN

PRESIDENT CEO

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PCEO
Name LAYMAN, DAVID L
Address 1321 SE 25TH LOOP
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name BETHEA, IRE SR.
Address 2657 NW 27TH AVE.
City-State-Zip: Ocala FL 34475

Title DIRECTOR
Name BAILEY, TOM
Address 5500 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34474

Title DIRECTOR
Name BRYANT, MONICA
Address 3482 NW 10TH STREET
City-State-Zip: Ocala FL 34475