

2020 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 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 COOKSEY, ROBERT
Address 5393 SE 107TH STREET
City-State-Zip: BELLEVIEW FL 34420

Title D
Name TUCK, AMANDA
Address 1249 SE 11TH ST
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

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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 LAYMAN

PRESIDENT/CEO

01/02/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALSTEAD, JASON
Address 3285 SE 54TH AVE
City-State-Zip: OCALA FL 34480

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

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