

2019 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:**LAYMAN, DAVID L
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 PAST-CHAIRMAN, PRESIDENT,
OTHER
Name CHRYST, ELIZABETH
Address 20861 SW 81ST LOOP
City-State-Zip: DUNNELLON FL 34431

Title TREASURER
Name CONRAD, CASSANDRA
Address 163 SW 19TH AVE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name MCCARTHY, DAVE
Address 7361 SW 100TH COURT
City-State-Zip: OCALA FL 34480

Title CHAIRMAN
Name FISCHER, LAUREN
Address 807 SW 3RD AVE
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name COOKSEY, ROBERT
Address 10 BAHIA AVENUE LANE
City-State-Zip: OCALA FL 34472

Title D
Name TUCK, AMANDA
Address 1249 SE 11TH ST
City-State-Zip: OCALA FL 34471

Title VP
Name SHRIGLEY, PHIL
Address 7602 SE 12TH CIRCLE
City-State-Zip: OCALA FL 34480

Title DIRECTOR
Name DAVIS, THOMAS
Address 1607 EAST SILVER SPRINGS BLVD.
City-State-Zip: OCALA FL 34470

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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****01/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name FRICKS, ROSEANN
Address 2300 SW 17TH ROAD
City-State-Zip: OCALA FL 34471

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

Title DIRECTOR
Name WILLIAMS, JEROMY
Address 3445 SW COLLEGE ROAD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name HUDGE, THOMAS J
Address 10493SW 45TH AVENUE
City-State-Zip: OCALA FL 34476

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