

**2025 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:** Yes**Name and Address of Current Registered Agent:**PETERS, ROB  
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:** ROB PETERS

01/09/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name RUSAW, GEORGE  
Address 1321 SE 25TH LOOP  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name THEIL, CARRIE  
Address 2300 SW 17TH ROAD  
City-State-Zip: Ocala FL 34471

Title PRESIDENT/CEO  
Name PETERS, ROB  
Address 1321 SE 25TH LOOP  
SUITE 103  
City-State-Zip: Ocala FL 34471

Title CHAIRMAN  
Name WOODS, ADAM  
Address 1626 SE 36TH AVE  
City-State-Zip: Ocala FL 34471

Title SECRETARY  
Name GRAHAM, KEVIN  
Address 8235 SW 54TH COURT  
City-State-Zip: Ocala FL 34476

**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:** ROB PETERS

PRESIDENT/CEO

01/09/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           DAY, DOUG  
Address       2801 SW COLLEGE ROAD  
                SUITE 13  
City-State-Zip: OCALA FL 34474

Title           DIRECTOR  
Name           FAIR, KEITH  
Address       1321 SE 25TH LOOP  
                SUITE 103  
City-State-Zip: OCALA FL 34471

Title           DIRECTOR  
Name           LEHMAN, CLAY  
Address       2215 E FORT KING STREET  
City-State-Zip: OCALA FL 34471

Title           DIRECTOR  
Name           WHITE, ANTHONY  
Address       2226 E SILVER SPRINGS BLVD.  
City-State-Zip: OCALA FL 34470

Title           DIRECTOR  
Name           LISTEBARGER, VICKI  
Address       1700 SE 17TH STREET  
City-State-Zip: OCALA FL 34471

Title           DIRECTOR  
Name           GOSIK, GAVIN  
Address       1510 SW 17TH STREET  
                SUITE 200  
City-State-Zip: OCALA FL 34471