

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

**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:** LAUREN FISCHER

**CHAIRMAN**

**06/26/2018**

\_\_\_\_\_  
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 HUDGE, THOMAS J  
Address 10493SW 45TH AVENUE  
City-State-Zip: OCALA FL 34476

Title DIRECTOR  
Name MATHES, BRIAN  
Address 3100 SW COLLEGE ROAD  
210  
City-State-Zip: OCALA FL 34474

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