

2018 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 CHAIRMAN, PRESIDENT
Name CHRYST, ELIZABETH
Address 20861 SW 81ST LOOP
City-State-Zip: DUNNELLON FL 34431

Title DIRECTOR
Name LANIER, JEFF
Address 1517 SE 11TH STREET
City-State-Zip: OCALA FL 34471

Title D
Name HACKMYER, SCOTT
Address 6221 SW 80TH LANE
City-State-Zip: OCALA FL 34476

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

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

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

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

Title D
Name SMITH, TED
Address 5000 SW 63RD LOOP
City-State-Zip: OCALA FL 34474

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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: ELIZABETH CHRYST**CHAIR OF THE BOARD****01/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
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