

**2022 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            PRESIDENT  
Name            CHRYST, ELIZABETH  
Address        20861 SW 81ST LOOP  
City-State-Zip: DUNNELLON FL 34431

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

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

Title            DIRECTOR  
Name            DAVIS, THOMAS  
Address        8375 SW 108TH LOOP  
City-State-Zip: OCALA FL 34481

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

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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**BOARD PRESIDENT****01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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