

**2016 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 VC  
Name ADAMS, JOSEPH PASTOR  
Address 5200 SW COLLEGE ROAD  
City-State-Zip: OCALA FL 34474

Title T  
Name COOKSEY, ROBERT  
Address 5222 SE ABSHIRE BLVD.  
City-State-Zip: OCALA FL 34420

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

Title P/C  
Name RUTTENBER, JEFF  
Address 337 SE 39TH TERRACE  
City-State-Zip: OCALA FL 34471

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

Title D  
Name GRIMSLEY, KARLA  
Address P.O. BOX 992  
City-State-Zip: OCALA FL 34478

Title D  
Name HACKMYER, SCOTT  
Address 6221 SW 80TH LANE  
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:** DAVID L LAYMAN**EXECUTIVE DIRECTOR****01/06/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name LOSSING, DAVID  
Address 2028 SE 11TH STREET  
City-State-Zip: OCALA FL 34471

Title D  
Name TAYLOR, JOHN  
Address 11753 EGRET CT  
City-State-Zip: DUNNELLON FL 34432

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

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

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

Title D  
Name YANCEY, CHRIS  
Address 2437 SE 17TH ST  
SUITE 101  
City-State-Zip: OCALA FL 34471

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