

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51033

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**9278347116CC**

**Entity Name:** HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

**Current Principal Place of Business:**

7768 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

P.O. BOX 1041  
CRYSTAL RIVER, FL 34423 US

**FEI Number: 59-3136342**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABBOTT, GLEN C  
109 NE 4TH STREET  
CRYSTAL RIVER, FL 34429 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            CEO  
Name            RUSAW, ERNEST G  
Address        5750 N. LENA LN.  
City-State-Zip: BEVERLY HILLS FL 34465

Title            ASSISTANT SECRETARY &  
                  TREASURER  
Name            DALY, LINDA  
Address        3334 W PEBBLE BEACH CT  
City-State-Zip: LECANTO FL 34461

Title            CHARIPERSON  
Name            CLARK, CINDY  
Address        101 SE US HWY 19  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            VP  
Name            CASPER, MARK  
Address        172 N ESSEX AVE  
City-State-Zip: CITRUS HILLS FL 34442

Title            TREASURER  
Name            LOCKE, DAVID  
Address        4130 S WILLIAM AVE  
City-State-Zip: INVERNESS FL 34452

Title            COO  
Name            ENGELKEN, AMY  
Address        5436 N. PERSIMMON DR  
City-State-Zip: BEVERLY HILLS FL 34465

Title            SECRETARY  
Name            JOHN, HEINDEL  
Address        1990 W MATCHWOOD DR  
City-State-Zip: BEVERLY HILLS FL 34465

*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: AMY ENGELKEN**

**COO**

**03/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date