

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PH 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 765191 (2)

1. Corporation Name  
ALTRUSA CLUB OF OCALA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 4228 OCALA FL 34478 US  
P.O. BOX 4228 OCALA FL 34478 US

3. Date Incorporated or Qualified 09/27/1982  
3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1742865  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
DEBOISBLANC, JUDITH  
1429 SE 14TH AVE.  
OCALA FL 32671

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNETTE, SARA 505 SE 19TH AVE. OCALA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Jane Fontaine - DIRECTOR 1111 NE 25th Ave # 402 Ocala FL 34478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	X DLOUHY, SHARI 700 SE 49TH AVE OCALA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DANSBY, STACI 203 NE 8TH AVE OCALA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	TREASURER SUZANNE STEWART 307 NE 36th Ave OCALA FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHAD, CINDY 1111 N.E. 25TH AVE OCALA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	1000015009-028 -08/23/95--01009--028 ****130.00 ****130.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	X PORTER, NANCY 10 SW 1ST AVE OCALA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, FRANCES Frances Ferguson 948 NW 30th Ave OCALA FL 34475 Ocala FL 34475	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	SPresident Sharon Mai PO Box 4155 Ocala FL 34478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Stewart Suzanne Stewart 5/1/95 904-694-9121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR