

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765191 (2)
1. Corporation Name
ALTRUSA CLUB OF OCALA, INC.



800001872688
-06/24/96--01024--005

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

3. Date Incorporated or Qualified **09/27/1982** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-1742865	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEBOISBLANC, JUDITH 1429 SE 14TH AVE. OCALA FL 32871				81	Name Bridgett Kiefer		
				82	Street Address (P.O. Box Number is Not Acceptable) 4855 SE 37th Ct		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Bridgett Kiefer* *Bridgett Kiefer* **5/1/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONTAINE, JANE	1.2 NAME	Jamie Hampy
STREET ADDRESS	1111 NE 25TH AVE. STE. 402	1.3 STREET ADDRESS	234 NW 30th Ave
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala FL 34425
TITLE	PP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DLOUHY, SHARI	2.2 NAME	Sarah Ritterhoff
STREET ADDRESS	700 SE 49TH AVE	2.3 STREET ADDRESS	3149 SE 30th St
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, SUZANNE	3.2 NAME	Debbie Catabta
STREET ADDRESS	307 NE 36TH AVE.	3.3 STREET ADDRESS	7500 NW 14th St
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	Ocala FL 34482
TITLE	X <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAD, CINDY	4.2 NAME	
STREET ADDRESS	1111 N.E. 25TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, NANCY	5.2 NAME	Syndia Leven
STREET ADDRESS	10 SW 1ST AVE	5.3 STREET ADDRESS	1628 SE 29th Terr delete
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Past President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, FRANCES	6.2 NAME	Sharon Mai
STREET ADDRESS	948 NW 30TH AVE	6.3 STREET ADDRESS	P.O. Box 4155 delete
CITY-ST-ZIP	OCALA FL 34475	6.4 CITY-ST-ZIP	Ocala FL 34478

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 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 the firm name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Suzanne Stewart, Treasurer* **5/1/96** **352-894-4184**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)