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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 765191

1. Corporation Name

ALTRUSA CLUB OF OCALA, INC.

Principal Place of Business

P.O. BOX 4228  
 OCALA FL 34478  
 US

Mailing Address

P.O. BOX 4228  
 OCALA FL 34478  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/27/1982

22 City & State

27 City & State

4. FEI Number  
 59-1742865

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, MACLYN  
 7080 S.W. 27TH AVE  
 OCALA FL 34476

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 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

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  DELETE  
 NAME MAJ, SHARON  
 STREET ADDRESS P.O. BOX 4155 N/A  
 CITY-ST-ZIP OCALA FL

1.1 TITLE T  Change  Addition  
 1.2 NAME Carol A. Trow  
 1.3 STREET ADDRESS 1111 NE 25th Ave  
 1.4 CITY-ST-ZIP Ocala, FL 34470

TITLE D  DELETE  
 NAME HAMPY, JAMIE  
 STREET ADDRESS 334 NW 3RD AVE.  
 CITY-ST-ZIP OCALA FL 34425

2.1 TITLE S  Change  Addition  
 2.2 NAME Gloria James  
 2.3 STREET ADDRESS 731 SE 39th Ave.  
 2.4 CITY-ST-ZIP Ocala, FL 34471

TITLE P  DELETE  
 NAME RITTERHOFF, SARAH  
 STREET ADDRESS 3149 S.E. 3RD ST  
 CITY-ST-ZIP OCALA FL

3.1 TITLE D  Change  Addition  
 3.2 NAME Carol Alvey  
 3.3 STREET ADDRESS 723 SE 24 Terrace  
 3.4 CITY-ST-ZIP Ocala, FL 34471

TITLE D  DELETE  
 NAME CATABIA, DEBBIE  
 STREET ADDRESS 7500 NW 14TH ST.  
 CITY-ST-ZIP OCALA FL 34482

4.1 TITLE D  Change  Addition  
 4.2 NAME Nancy Jones  
 4.3 STREET ADDRESS 3400 SE 41st Place  
 4.4 CITY-ST-ZIP Ocala, FL 34480

TITLE VP  DELETE  
 NAME LEVIEN, SYNDIE  
 STREET ADDRESS 1618 S.E. 29TH TERR  
 CITY-ST-ZIP OCALA FL 34471

5.1 TITLE P  Change  Addition  
 5.2 NAME Levien, Syndie  
 5.3 STREET ADDRESS 4101 SW 30th Ct.  
 5.4 CITY-ST-ZIP Ocala, FL 34474

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE V  Change  Addition  
 6.2 NAME Bridget Kiefer  
 6.3 STREET ADDRESS 4855 SE 37th Court  
 6.4 CITY-ST-ZIP Ocala, FL 34480

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol A. Trow A. TROW 2/7/99 352-732-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)