

AMENDED
NOT-FOR-PROFIT-CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **765191**
 1. Entity Name
ALTRUSA CLUB OF Ocala, INC.

FILED
 02 NOV 20 AM 10:58
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 4228
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4228
 Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

Zip **34478** Country **US** Zip **34478** Country **US**

4. FEI Number
59-1742865

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

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7. Name and Address of Current Registered Agent

Name **Brenda Haworth**

Street Address (P.O. Box Number is Not Acceptable)
1317 SE 16th Street

City **Ocala** FL Zip Code **34471**

8. 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 **Brenda Haworth** DATE **11/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Colleen M. Duris 3885 SE 59th Place Ocala, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President-Elect Michelle Smith 2050 SE 37th Circle Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Elizabeth Hodge 1013 SE 14th Terrace Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Brenda Haworth 1317 SE 16th Street Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jane Fontaine 4123 SW 30th Ct. Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Nancy Jones 3400 SE 41st Place Ocala, FL 34480

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100009110641
11/20/02--01057--021 **61.25

12. 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 report or supplemental 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 10 or on an attachment with an address, with or without other like empowered.

Colleen M. Duris, President **11/8/02** **(352) 732-7020**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)