

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765191

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ALTRUSA INTERNATIONAL, INC. OF OCALA

**Current Principal Place of Business:**

P.O. BOX 4228  
OCALA, FL 34478 US

**New Principal Place of Business:**

1900 SE 18TH AVENUE  
OCALA, FL 34471 US

**Current Mailing Address:**

P.O. BOX 4228  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number: 59-1742865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FORD, BRENDA  
1900 SE 18TH AVE  
OCALA, FL 34471 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HELMS, JULIE W  
Address: 8451 NW 162ND CT  
City-St-Zip: MORRISTON, FL 32668

Title: PE ( ) Delete  
Name: SMITH, MICHELLE  
Address: MRMC PO BOX 6000  
City-St-Zip: OCALA, FL 34470

Title: S ( ) Delete  
Name: HOFLE, CAROL  
Address: 1900 NW 117TH TER  
City-St-Zip: HOLLYWOOD, FL 33026

Title: T ( ) Delete  
Name: FORD, BRENDA  
Address: 40 SE 11TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: LANDT, MARY CAY  
Address: 230 NE 25TH AVE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, MICHELLE  
Address: MRMC PO BOX 6000  
City-St-Zip: OCALA, FL 34470

Title: PE (X) Change ( ) Addition  
Name: LARSEN, CONNIE  
Address: 6978 SE 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: S (X) Change ( ) Addition  
Name: DANSBY, ANGELA  
Address: PO BOX 1570  
City-St-Zip: OCALA, FL 34478

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRENDA L. FORD

T

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date