

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2012  
Secretary of State**

DOCUMENT# 765191

Entity Name: ALTRUSA INTERNATIONAL, INC. OF OCALA

**Current Principal Place of Business:**

334 NW 3RD AVENUE  
OCALA, FL 34475 US

**New Principal Place of Business:**

**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  
Name: FORSTER, VALERIE  
Address: 938 NE 7TH STREET  
City-St-Zip: OCALA, FL 34470

Title: PE  
Name: FORD, BRENDA  
Address: 3704 SE 60TH STREET  
City-St-Zip: OCALA, FL 34470

Title: S  
Name: RAUBA, SAMANTHA  
Address: 2601 SE 30TH PLACE  
City-St-Zip: OCALA, FL 34471

Title: T  
Name: HAMPY, JAMIE  
Address: 334 NW 3RD AVENUE  
City-St-Zip: OCALA, FL 34475

Title: D  
Name: GETSEE, MARY  
Address: 107 NE 1ST AVENUE  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: LARSEN, CONNIE  
Address: 6978 SE 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: JAMIE HAMPY

T

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date