


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90108 003 ****61.25

DOCUMENT # 765191
1. Entity 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1742865** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**HAWORTH, BRENDA
1317 SE 16TH STREET
OCALA FL 34471**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1141 SE 8th 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brenda B Haworth Brenda B Haworth 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DURIS, COLLEEN	
STREET ADDRESS	3885 SE 59TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	P-E	<input type="checkbox"/> Delete
NAME	SMITH, MICHELLE	
STREET ADDRESS	2050 SE 37TH ARDE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HODGE, ELIZABETH	
STREET ADDRESS	1013 SE 14TH TERRACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWORTH, BRENDA	
STREET ADDRESS	1317 SE 16TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOUTAINE, JANE	
STREET ADDRESS	4123 SW 30TH CT	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, NANCY	
STREET ADDRESS	3400 SE 41ST PLACE	
CITY-ST-ZIP	OCALA FL 34480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P-E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Freeman	
STREET ADDRESS	466 SW 48th Street Road	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie Forster	
STREET ADDRESS	938 NE 7th Street	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Fontaine	
STREET ADDRESS	1141 SE 8th Street	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN DURIS 3/6/03 (352) 732-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)