

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765191

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC5369872969**

**Entity Name:** ALTRUSA INTERNATIONAL OF OCALA, INC.

**Current Principal Place of Business:**

C/O SCOTT TICE  
8590 SW 66 TERRACE  
OCALA, FL 34476

**Current Mailing Address:**

P.O. BOX 4228  
OCALA, FL 34478 US

**FEI Number:** 59-1742865

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           TICE, SCOTT  
Address        8590 SW 66 TERRACE  
City-State-Zip: Ocala FL 34476

Title           PRESIDENT ELECT  
Name           DANSBY, ANGELA  
Address        C/O COMMUNITY BANK & TRUST  
                  PO BOX 1570  
City-State-Zip: Ocala FL 34478

Title           PRESIDENT  
Name           ELAINE, GOODELLE  
Address        10085 SE 41ST AVENUE  
City-State-Zip: BELLEVIEW FL 34420

Title           DIRECTOR  
Name           LANDT, MARYCAY  
Address        1336 SE 8 STREET  
City-State-Zip: Ocala FL 34471

Title           DIRECTOR  
Name           DURIS, COLLEEN  
Address        7658 NW 56 PLACE  
City-State-Zip: Ocala FL 34482

Title           DIRECTOR  
Name           FORD, BRENDA  
Address        3704 SE 60 STREET  
City-State-Zip: Ocala FL 34480

Title           VP  
Name           KUSMIERZ, MARIA  
Address        507 NE 21 AVENUE  
City-State-Zip: Ocala FL 34470

Title           SECRETARY  
Name           BRIGHT, TJ  
Address        1602 NE 37 AVENUE  
City-State-Zip: Ocala FL 34470

*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:** SCOTT TICE

**TREASURER**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date