#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765191** 

Entity Name: ALTRUSA INTERNATIONAL OF OCALA, INC.

FILED Feb 26, 2019 Secretary of State 6308930471CC

#### **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	Title	PAST PRESIDENT
Name	TICE, SCOTT	Name	DANSBY, ANGELA
Address	P.O. BOX 4228	Address	POST OFFICE BOX 4228

City-State-Zip: OCALA FL 34478 City-State-Zip: OCALA FL 34478

Title PRESIDENT ELECT Title DIRECTOR DURIS, COLLEEN Name Name LANDT, MARYCAY Address P.O. BOX 4228 Address P.O. BOX 4228 City-State-Zip: OCALA FL 34478 City-State-Zip: OCALA FL 34478

Title PRESIDENT Title SECRETARY

Name KUSMIERZ, MARIA Name FERGUSON, FRANCES

 Address
 P.O. BOX 4228
 Address
 P.O. BOX 4228

 City-State-Zip:
 OCALA FL 34478
 City-State-Zip:
 OCALA FL 34478

Title DIRECTOR Title VP

Name CATABIA. DEBORAH Name BARRINEAU, MIRANDA

 Address
 P.O. BOX 4228
 Address
 P.O. BOX 4228

 City-State-Zip:
 OCALA FL 34478
 City-State-Zip:
 OCALA FL 34478

Continues on page 2

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 02/26/2019

# Officer/Director Detail Continued:

Title DIRECTOR
Name DEAN, SUE
Address P.O. BOX 4228

City-State-Zip: OCALA FL 34478