

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765191

FILED
Mar 13, 2024
Secretary of State
4404994075CC

Entity Name: ALTRUSA INTERNATIONAL OF OCALA, INC.

Current Principal Place of Business:

C/O CONNIE LARSEN
6978 SE 12TH CIRCLE
OCALA, FL 34480

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 P.O. BOX 4228
City-State-Zip: Ocala FL 34478

Title SECRETARY
Name LONG, BECKY
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

Title DIRECTOR
Name KUSZMIERZ, MARIA
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

Title DIRECTOR
Name BARRINEAU, MIRANDA
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

Title DIRECTOR
Name COKE, JOAN
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

Title PRESIDENT
Name MCDAVID, HELEN
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

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

Title VP
Name FERGUSON, FRANCES
Address P.O. BOX 4228
City-State-Zip: Ocala FL 34478

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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

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title IMMEDIATE PAST PRESIDENT
Name WALKER, MACLYN
Address P.O. BOX 4228
City-State-Zip: OCALA FL 34478