

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765191

**FILED**  
**Jan 16, 2022**  
**Secretary of State**  
**5973034539CC**

**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           LARSEN, CONSTANCE  
Address        P.O. BOX 4228  
City-State-Zip: Ocala FL 34478

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

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

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

Title           SECRETARY  
Name           CARROLL, DONNA  
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           PRESIDENT  
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

*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: CONSTANCE D LARSEN**

**TREASURER**

**01/16/2022**

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

\_\_\_\_\_  
Date