

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765191

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC8087829039**

**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            PRESIDENT ELECT  
Name            RAUBA, SAMANTHA  
Address        2601 SE 30TH PLACE  
City-State-Zip: Ocala FL 34471

Title            TREASURER  
Name            LARSEN, CONSTANCE  
Address        6978 SE 12TH CIRCLE  
City-State-Zip: Ocala FL 34480

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

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

Title            PRESIDENT  
Name            LANDT, MARY C  
Address        230 NE 25TH AVE  
                 SUITE 200  
City-State-Zip: Ocala FL 34470

Title            VP  
Name            CATABIA, DEBORAH  
Address        7500 NW 14TH STREET  
City-State-Zip: Ocala FL 34482

Title            DIRECTOR  
Name            BRIGHT, THELMA J  
Address        1602 NE 37TH AVENUE  
City-State-Zip: Ocala FL 34470

Title            DIRECTOR  
Name            COKE, JOAN  
Address        6 POPLAR TRAIL  
City-State-Zip: Ocala FL 34480

*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 LARSEN**

**TREASURER**

**01/16/2014**

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

\_\_\_\_\_  
Date