2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765191

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

Name and Address of Current Registered Agent:

FORD, BRENDA 1900 SE 18TH AVE OCALA, FL 34471 US FILED Jan 16, 2021 Secretary of State 6457763129CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Oncer/Director Detail.				
Title	TREASURER	Title	DIRECTOR	
Name	LARSEN, CONSTANCE	Name	GOODELLE, ELAINE	
Address	P.O. BOX 4228	Address	P.O. BOX 4228	
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478	
Title	PAST PRESIDENT	Title	PRESIDENT ELECT	
Name	DURIS, COLLEEN	Name	WALKER, MACLYN	
Address	P.O. BOX 4228	Address	P.O. BOX 4228	
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478	
Title	SECRETARY	Title	DIRECTOR	
Title Name	SECRETARY CARROLL, DONNA	Title Name	DIRECTOR KUSZMIERZ, MARIA	
Name	CARROLL, DONNA	Name	KUSZMIERZ, MARIA	
Name Address City-State-Zip:	CARROLL, DONNA P.O. BOX 4228 OCALA FL 34478	Name Address	KUSZMIERZ, MARIA P.O. BOX 4228	
Name Address City-State-Zip: Title	CARROLL, DONNA P.O. BOX 4228 OCALA FL 34478 PRESIDENT	Name Address City-State-Zip:	KUSZMIERZ, MARIA P.O. BOX 4228 OCALA FL 34478	
Name Address City-State-Zip: Title Name	CARROLL, DONNA P.O. BOX 4228 OCALA FL 34478 PRESIDENT BARRINEAU, MIRANDA	Name Address City-State-Zip: Title	KUSZMIERZ, MARIA P.O. BOX 4228 OCALA FL 34478 DIRECTOR	
Name Address City-State-Zip: Title	CARROLL, DONNA P.O. BOX 4228 OCALA FL 34478 PRESIDENT BARRINEAU, MIRANDA P.O. BOX 4228	Name Address City-State-Zip: Title Name	KUSZMIERZ, MARIA P.O. BOX 4228 OCALA FL 34478 DIRECTOR COKE, JOAN	

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

01/16/2021

Date

Electronic Signature of Signing Officer/Director Detail

Date