

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90771 001 \*\*\*122.50

**DOCUMENT # 765191**

1. Entity Name  
**ALTRUSA INTERNATIONAL, INC. OF OCALA**



Principal Place of Business  
**P.O. BOX 4228  
OCALA, FL 34478 US**

Mailing Address  
**P.O. BOX 4228  
OCALA, FL 34478 US**

**66013354**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022008 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1742865**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORD, BRENDA  
40 SE 11TH AVENUE  
OCALA, FL 34471**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1900 SE 15TH AVENUE**

City

**Ocala**

**FL**

Zip Code  
**34471**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Brenda L. Ford*

*4/24/06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **P**  
HODGE, ELIZABETH  
STREET ADDRESS **1013 SE 14TH TERRACE**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☒ Addition  
NAME **P**  
**Roseann Frieks**  
STREET ADDRESS **2181 NE 35th Street**  
CITY-ST-ZIP **Ocala, FL 34479**

TITLE ☒ Delete  
NAME **PE**  
WALKER, MACLYN  
STREET ADDRESS **7080 SW 27TH AVENUE**  
CITY-ST-ZIP **OCALA, FL 34476**

TITLE ☐ Change ☒ Addition  
NAME **PE**  
**Julie Watson-Helms**  
STREET ADDRESS **8451 NW 162nd Ct**  
CITY-ST-ZIP **Morrison, FL 32668**

TITLE ☐ Delete  
NAME **S**  
THRASHER, JESSICA  
STREET ADDRESS **3038 SW 41ST LANE**  
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
FORD, BRENDA  
STREET ADDRESS **40 SE 11TH AVENUE**  
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
FERGUSON, FRANCES  
STREET ADDRESS **PO BOX 508**  
CITY-ST-ZIP **FAIRFIELD, FL 32634**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
DLOUHY, SHARI  
STREET ADDRESS **P.O. BOX 186**  
CITY-ST-ZIP **OCALA, FL 34478**

TITLE ☐ Change ☒ Addition  
NAME **D**  
**Mary Kay Landt**  
STREET ADDRESS **230 NE 25th Avenue**  
CITY-ST-ZIP **Ocala, FL 34470**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brenda L. Ford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brenda L. Ford 4/24/06 352-732-7200*  
Date Daytime Phone #