


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90130 001 \*\*\*122.50

<b>DOCUMENT # 765191</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1742865	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FORD, BRENDA 1900 SE 18TH AVE OCALA, FL 34471				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEANN, FRICKS		NAME	JULIE W HELMS	
STREET ADDRESS	2181 NE 35TH ST		STREET ADDRESS	8451 NW 162ND CT	
CITY-ST-ZIP	OCALA, FL 34479		CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE	PE	<input type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON-HELMS, JULIE		NAME	MICHELLE SMITH	
STREET ADDRESS	8451 NW 162ND CT		STREET ADDRESS	MRMC, P.O. BOX 6000	
CITY-ST-ZIP	MORRISTON, FL 32668		CITY-ST-ZIP	OCALA, FL 34478-6000	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, JESSICA		NAME	CAROL HOFLE	
STREET ADDRESS	3038 SW 41ST LANE		STREET ADDRESS	1900 NW 117th TERRACE	
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	HOLLYWOOD, FL 33026	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, BRENDA		NAME		
STREET ADDRESS	40 SE 11TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, FRANCES		NAME	DIANE FREEMAN	
STREET ADDRESS	PO BOX 508		STREET ADDRESS	4540 SW 52ND CIRCLE #101	
CITY-ST-ZIP	FAIRFIELD, FL 32634		CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDT, MARY CAY		NAME		
STREET ADDRESS	230 NE 25TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP		
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: <u>Brenda L Ford</u> 4/18/07 352-732-9260					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Brenda Ford, Treasurer					

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