

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765191

FILED
Apr 22, 2009
Secretary of State

Entity Name: ALTRUSA INTERNATIONAL, INC. OF OCALA

Current Principal Place of Business:

P.O. BOX 4228
OCALA, FL 34478 US

New Principal Place of Business:

1900 SE 18TH AVENUE
OCALA, FL 34471 US

Current Mailing Address:

P.O. BOX 4228
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-1742865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, BRENDA
1900 SE 18TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HELMS, JULIE W
Address: 8451 NW 162ND CT
City-St-Zip: MORRISTON, FL 32668

Title: PE () Delete
Name: SMITH, MICHELLE
Address: MPMC PO BOX 6000
City-St-Zip: OCALA, FL 34470

Title: S () Delete
Name: HOFLE, CAROL
Address: 1900 NW 117TH TER
City-St-Zip: HOLLYWOOD, FL 33026

Title: T () Delete
Name: FORD, BRENDA
Address: 40 SE 11TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: LANDT, MARY CAY
Address: 230 NE 25TH AVE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, MICHELLE
Address: MPMC PO BOX 6000
City-St-Zip: OCALA, FL 34470

Title: PE (X) Change () Addition
Name: LARSEN, CONNIE
Address: 6978 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: S (X) Change () Addition
Name: DANSBY, ANGELA
Address: PO BOX 1570
City-St-Zip: OCALA, FL 34478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRENDA L. FORD

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date