

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765191

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1900 SE 18TH AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

1721 S.E. 16TH 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  
Name: LARSEN, CONNIE  
Address: 6978 SE 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

Title: PE  
Name: TICE, SCOTT  
Address: 8590 SW 66TH TERRACE  
City-St-Zip: OCALA, FL 34476

Title: S  
Name: DANSBY, ANGELA  
Address: PO BOX 1570  
City-St-Zip: OCALA, FL 34478

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

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

Title: D  
Name: COKE, JOAN  
Address: 917 HICKORY ROAD  
City-St-Zip: OCALA, FL 34472

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: BRENDA L. FORD

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04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date