

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90371 030 ****61.25

DOCUMENT # 766808

1. Entity Name
ALTRUSA CLUB OF CITRUS COUNTY, INC.



Principal Place of Business
P. O. BOX 2825
INVERNESS, FL 34451 US

Mailing Address
P. O. BOX 2825
INVERNESS, FL 34451 US

40085808



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2353770

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

OSBORNE, PATRICIA
710 N SOHIA AVENUE
INVERNESS, FL 34453

Name **Laurie Diestler**

Street Address (P.O. Box Number is Not Acceptable)
9308 E Redwood Place

City **Inverness**

FL

Zip Code **34450**

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

Laurie A. Diestler

4-22-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **S** ☒ Delete
NAME **PIERSALL, IRENE**
STREET ADDRESS **8817 E. SANDPIPER DRIVE**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **S** ☐ Change ☐ Addition
NAME **Kathy Thrumston**
STREET ADDRESS **6641 S Old Floral City Road**
CITY-ST-ZIP **Floral City FL 34436**

TITLE **D** ☒ Delete
NAME **JOHNSON, RUTH**
STREET ADDRESS **3646 E. COUNTRYSIDE DR**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE **D** ☐ Change ☐ Addition
NAME **Sara Anne Merritt**
STREET ADDRESS **1323 W Bucknell Avenue**
CITY-ST-ZIP **Inverness FL 34450**

TITLE **T** ☐ Delete
NAME **SALTMARSH, JANICE**
STREET ADDRESS **5710 E TENISON STREET**
CITY-ST-ZIP **INVERNESS, FL 34452**

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

TITLE **D** ☒ Delete
NAME **PURCELL, ESTHER**
STREET ADDRESS **6410 W CANNONDALE DR**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **D** ☐ Change ☐ Addition
NAME **Susan LaPorte**
STREET ADDRESS **261 E Hartford Street 5B**
CITY-ST-ZIP **Hernando FL 34442**

TITLE **VP** ☐ Delete
NAME **ANN KAPINOS, MARY**
STREET ADDRESS **3392 N BOSWELL TERRACE**
CITY-ST-ZIP **HERNANDO, FL 34442**

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

TITLE **D** ☐ Delete
NAME **VAN DERMARK, JUDITH**
STREET ADDRESS **3300 E LAKE NINA DRIVE**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Laurie A. Diestler

4-22-08

**(352)
341-6429**