


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005954</b>	
1. Entity Name <b>ALTRUSA INTERNATIONAL OF LAKE CITY, INC.</b>	

Principal Place of Business <b>822 NW SCENIC LAKE DR LAKE CITY, FL 32055</b>	Mailing Address <b>P. O. BOX 3151 LAKE CITY, FL 32056-3151</b>
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HALL, ROBIN 822 NW SCENIC LAKE DR LAKE CITY, FL 32055</b>
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IN THIS SPACE**

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>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALL, ROBIN 822 NW SCENIC LAKE DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLLINS, MARGARET PO BOX 79 LAKE CITY, FL 320560079
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ADAMS, JILL 340 NW COMMERCE DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> <u><i>Jill Adams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/25/05</u> <small>Date</small>	<u>386 719 9012</u> <small>Daytime Phone #</small>
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