

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 018 ****61.25

DOCUMENT # N01000005954

1. Entity Name
ALTRUSA INTERNATIONAL OF LAKE CITY, INC.



Principal Place of Business
**822 NW SCENIC LAKE DR
LAKE CITY, FL 32055**

Mailing Address
**P. O. BOX 3151
LAKE CITY, FL 32056-3151**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**HALL, ROBIN
822 NW SCENIC LAKE DR
LAKE CITY, FL 32055**

Name **Jenny Drawdy**
Street Address (P.O. Box Number is Not Acceptable)
540 SW San Juan Place

City **Lake City** FL Zip Code **32025**

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

CP Adams, T

4/3/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **P HALL, ROBIN**
STREET ADDRESS **822 NW SCENIC LAKE DR**
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☒ Change ☐ Addition
NAME **President Jenny Drawdy**
STREET ADDRESS **540 SW San Juan Place**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Delete
NAME **S COLLINS, MARGARET**
STREET ADDRESS **PO BOX 79**
CITY-ST-ZIP **LAKE CITY, FL 320560079**

TITLE ☒ Change ☐ Addition
NAME **Secretary Dotson, Carole**
STREET ADDRESS **268 SW Cypresswood Glen**
CITY-ST-ZIP **Lake City FL 32025**

TITLE ☐ Delete
NAME **T ADAMS, JILL**
STREET ADDRESS **340 NW COMMERCE DR**
CITY-ST-ZIP **LAKE CITY, FL 32055**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 4/3/06 3867199012