2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005954

FILED Apr 15, 2008 Secretary of State

Entity Name: ALTRUSA INTERNATIONAL OF LAKE CITY, INC.

Current Principal Place of Business: New Principal Place of Business:

725 NW ZACK DR 1009 SW MAIN BLVD. LAKE CITY, FL 32055 SUITE 100

LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

P. O. BOX 3151

LAKE CITY, FL 320563151

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCELHANEY, KITTY WATSON, BRANDY
725 NW ZACK DR 1009 SW MAIN BLVD

LAKE CITY, FL 32055 US SUITE 100
LAKE CITY, FL 32025 US

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: BRANDY WATSON 04/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 MCELHANEY, KITTY
 Name:
 WATSON, BRANDY

 Address:
 725 NW ZACK DR
 Address:
 1009 SW MAIN BLVD.

 City-St-Zip:
 LAKE CITY, FL 32055
 City-St-Zip:
 LAKE CITY, FL 32025

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DOTSON, CAROLE
 Name:
 SMITHEY, JAN

 Address:
 268 SW CYPRESSWOOD GLEN
 Address:
 3454 SW CR 242

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:
 LAKE CITY, FL 32024

 Name:
 HAMM, MARILYN C
 Name:
 PITMAN, CHARLENE

 Address:
 921 SW RIDGE ST
 Address:
 270 SE SULTON LOOP

 City-St-Zip:
 LAKE CITY, FL 32024
 City-St-Zip:
 LAKE CITY, FL 32025

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: BRANDY WATSON PRES 04/15/2008