

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005954

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** ALTRUSA INTERNATIONAL OF LAKE CITY, INC.

**Current Principal Place of Business:**

1009 SW MAIN BLVD.  
SUITE 100  
LAKE CITY, FL 32025

**New Principal Place of Business:**

836 NW INDIAN SPRINGS DR.  
LAKE CITY, FL 32055

**Current Mailing Address:**

P. O. BOX 3151  
LAKE CITY, FL 320563151

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WATSON, BRANDY  
1009 SW MAIN BLVD  
SUITE 100  
LAKE CITY, FL 32025 US

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

WATSON, BRANDY  
836 NW INDIAN SPRINGS DR.  
LAKE CITY, FL 32055 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

02/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WATSON, BRANDY  
Address: 1009 SW MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32025

Title: S ( ) Delete  
Name: SMITHEY, JAN  
Address: 3454 SW CR 242  
City-St-Zip: LAKE CITY, FL 32024

Title: T ( ) Delete  
Name: PITMAN, CHARLENE  
Address: 270 SE SULTON LOOP  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HALL, TAMMY  
Address: 4424 NW AMERICAN LANE, STE 101  
City-St-Zip: LAKE CITY, FL 32055

Title: S (X) Change ( ) Addition  
Name: NEWMAN, CESTA  
Address: 752 SE EVERGREEN DR.  
City-St-Zip: LAKE CITY, FL 32025

Title: T (X) Change ( ) Addition  
Name: CAUSEY, LYNN  
Address: 785 NW ZACK DR.  
City-St-Zip: LAKE CITY, FL 32055

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: TAMMY HALL

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date