2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005982

1. Entity Name
ALTRUIST INC.

Principal Place of Business	Mailing Address
200 72ND AVE N APT 207 ST PETERSBURG, FL 33702	200 72ND AVE N APT 207 ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
75-3203760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HRGIC, LIDA LYDIA
200 72ND AVE N
APT 207
ST PETERSBURG, FL 33702

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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 Hrgic Lydia Lidg C.E.O. 01/29/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HRGIC, LIDA LYDIA
STREET ADDRESS	200 72ND AVE N, APT 207
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	TR
NAME	CUGIER, SYLVIA
STREET ADDRESS	200 72ND AVE N, APT 207
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	TR
NAME	HRGIC-ANDZIC, VOJISLAVA
STREET ADDRESS	200 72ND AVE N, APT 207
CITY-ST-ZIP	ST PETERSBURG, FL 33702
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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02/12/08-80040-021 70.00

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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: Hrgic Lydia Lidg Ph.D. MSc. LMHC 01/29/08 (727) 527-7306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #