2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N08000007992

Entity Name: ALTRUSA INTERNATIONAL INC. OF SOUTH MARION COUNTY, FL

Current Principal Place of Business:

3927 S W 89TH AVENUE
OCALA, FL 34481

New Principal Place of Business:

11560 SE 176TH PLACE ROAD
STONECREST GOLF CLUB
SUMMERFIELD, FL 34491

Current Mailing Address:

3927 S W 89TH AVENUE
OCALA, FL 34481

New Mailing Address:

12085 SE 175TH LOOP
SUMMERFIELD, FL 34491

FEI Number: 26-2917595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAD, CYNTHIA R
3927 S W 89TH AVENUE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

RUHE, CAROLYN S
12085 SE 175TH LOOP
SUMMERFIELD, FL 34491 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: CAROLYN S. RUHE 03/09/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STEINEMANN, CINDY J	
Address:	10435 S E 42ND COURT	
City-St-Zip:	BELLEVIEW, FL 34420	
Title:	VP	( ) Delete
Name:	SCHAD, CINDY R	
Address:	3927 S W 89TH AVENUE	
City-St-Zip:	OCALA, FL 34481	
Title:	TREA	( ) Delete
Name:	RUHE, CAROLYN	
Address:	12085 S E 175TH LOOP	
City-St-Zip:	SUMMERFIELD, FL 34491	
Title:	DIR	( ) Delete
Name:	HALL, JACKIE	
Address:	1640 S E 91ST PLACE	
City-St-Zip:	OCALA, FL 34480	
Title:	DIR	( ) Delete
Name:	BARIE, DOLLY	
Address:	17021 S E 115TH TERRACE	
City-St-Zip:	SUMMERFIELD, FL 34491	
Title:	DIR	( ) Delete
Name:	MCCULLOUGH, MARGUERITE	
Address:	983 KENOVE AVENUE	
City-St-Zip:	THE VILLAGES, FL 32162	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CAROLYN S. RUHE TREA 03/09/2009
Electronic Signature of Signing Officer or Director — Date