FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:07

DOCUMENT # N10985 (2)

1. Corporation Name

ALTRUSA INTERNATIONAL, INC. OF BRADENTON

Principal Place of Business	Mailing Address
P.O. BOX 1655 BRADENTON FL 34206	P.O. BOX 1655 BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-2247820 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAUNT, KATHERINE
238 34TH AVE. DR. EAST
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name: STRITZEL, MARY M.
82 Street Address (P.O. Box Number is Not Acceptable): 10415 SANDPIPER RD W.
83
84 City: BRADENTON FL 85 Zip Code: 34209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary M Stritzel MARY M. STRITZEL 3-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	PACE, PAULETTE	12 NAME		
STREET ADDRESS	313 SCOTT AVE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	REES, WINKIE	22 NAME		
STREET ADDRESS	4876 INDEPENDENCE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HUFFMAN, BARBARA	32 NAME		
STREET ADDRESS	6104 D EVERGREEN CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MAY, ROSE	42 NAME		
STREET ADDRESS	725 WINTER GARDEN DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	T	☒ Change ☐ Addition
NAME	GAUNT, KATHERINE	52 NAME	MARY M. STRITZEL	
STREET ADDRESS	238 34TH AVE. DRIVE EAST	53 STREET ADDRESS	10415 SANDPIPER RD W	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	BRADENTON FL. 34209	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WESTON-JOHNSON, GAIL	62 NAME		
STREET ADDRESS	5412 5TH AVE DR. NW	63 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary M Stritzel MARY M. STRITZEL 3-19-95 (813) 795-7307
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002370