

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20364 (8)

1. Corporation Name

ALTRUSA INTERNATIONAL OF BRADENTON, FLORIDA FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O STRITZEL, MARY
10415 SANDPIPER RD. W.
BRADENTON FL 34209
US

C/O STRITZEL, MARY
10415 SANDPIPER ROAD, W.
BRADENTON FL 34209
US

2. Principal Place of Business

2a. Mailing Address

21 45 45 14th St W

26 P.O. Box 10846

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Bradenton, FL

28 City & State
Bradenton, FL

24 Zip 34207 25 Country

29 Zip 34282 30 Country

3. Date Incorporated or Qualified
04/28/1987

3a. Date of Last Report
03/27/1995

4. FEI Number
59-2723017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRITZEL, MARY
10415 SANDPIPER RD. W.
BRADENTON FL 34209

81 Name LORI A. PICK
82 Street Address (P.O. Box Number is Not Acceptable)
4545 14th St W
83
84 City Bradenton FL 85 Zip Code 34207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Lori A. Pick V.P. 4-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILE, ELLEN	
STREET ADDRESS	906 20TH AVE. W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REES, WINKLE	
STREET ADDRESS	4876 INDEPENDENCE DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PACE, PAULETTE	
STREET ADDRESS	313 SCOTT AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AMOS, JEAN	
STREET ADDRESS	6071 FAIRWAY LANE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STRITZEL, MARY	
STREET ADDRESS	10415 SANDPIPER RD W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, MARGE	
STREET ADDRESS	2705 21TH AVE W.	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARION STUART	
1.3 STREET ADDRESS	5205 20th St W	
1.4 CITY-ST-ZIP	Bradenton, FL 34207	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LORI A. PICK	
2.3 STREET ADDRESS	4545 14th St W	
2.4 CITY-ST-ZIP	Bradenton, FL 34207	
3.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gail Weston	
3.3 STREET ADDRESS	5412 5th Ave Dr NW	
3.4 CITY-ST-ZIP	Bradenton, FL 34209	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brenda Carr	
4.3 STREET ADDRESS	2918 60th St W	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	M.R. Lembright	
5.3 STREET ADDRESS	3657 Cortez Rd W #130	
5.4 CITY-ST-ZIP	Bradenton, FL 34210	
6.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barbara Huffman	
6.3 STREET ADDRESS	6104 D Evergreen Circle	
6.4 CITY-ST-ZIP	Bradenton, FL 34209	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lori A. Pick 4/26/96 941-727-2351

CR2E037 (12/95)