

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:17

DOCUMENT # **N48939 (5)**  
1. Corporation Name  
**ALTRUSA INTERNATIONAL OF OCALA FOUNDATION, INC.**

Principal Place of Business Mailing Address  
P O BOX 4228 Ocala FL 32678 P O BOX 4228 Ocala FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3126926** 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**  
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. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 County 28 Zip 29 County 30

9. Name and Address of Current Registered Agent  
**DEBOISBLANC, JUDITH A.  
21 N MAGNOLIA AVE  
OCALA FL 32670**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>D</del> <del>ARNENE, SARA</del> <del>606 SE 40TH AVENUE</del> <del>OCALA FL</del>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>Jane Fontaine</b> <b>1111 NE 25th Ave # 402</b> <b>Ocala FL 34477</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>*</del> <del>DLOUHY, SHARI</del> <del>700 SE 49TH AVENUE</del> <del>OCALA FL</del>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>past President</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>†</del> <del>DANSBY, STACI</del> <del>203 NW 8TH AVENUE</del> <del>OCALA FL</del>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b> <b>Suzanne Stewart</b> <b>307 NE 36th Ave</b> <b>Ocala FL 34470</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VP</del> <del>SCHAD, CINDY</del> <del>1111 NE 25TH AVENUE, #104</del> <del>OCALA FL</del>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>*</del> <del>PORTER, NANCY</del> <del>10 SW FIRST AVENUE</del> <del>OCALA FL</del>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>†</del> <del>FERGUSON, FRANCES</del> <del>948 NW 30TH AVENUE</del> <del>OCALA FL</del>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>Sharon Mai</b> <b>PO Box 4155 N/A</b> <b>Ocala, FL 34478</b>

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: Suzanne Stewart Suzanne Stewart 5/1/95 904-694-4184  
Date Date