

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: P O BOX 4228, OCALA FL 32678
Mailing Address: P O BOX 4228, OCALA FL 32678

3. Date Incorporated or Qualified: **05/14/1992**
3a. Date of Last Report: **05/01/1995**

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)

4. FEI Number: **59-3126926**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**DEBOISBLANC, JUDITH A.
21 N MAGNOLIA AVE
OCALA FL 32670**

10. Name and Address of New Registered Agent
81 Name: **Bridget Kiefer**
82 Street Address (P.O. Box Number is Not Acceptable): **4855 SE 37th Ct**
83
84 City: **Ocala FL** 85 Zip Code: **FL 34480**

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: *Bridget Kiefer* **Bridget Kiefer** 5/1/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FONTAINE, JANE	
STREET ADDRESS	1111 NE 25TH AVE 402	
CITY-ST-ZIP	OCALA FL	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	DLOUHY, SHARI	
STREET ADDRESS	700 SE 49TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEWART, SUZANNE	
STREET ADDRESS	307 NE 36THA VE	
CITY-ST-ZIP	OCALA FL	
TITLE	VA	<input type="checkbox"/> DELETE
NAME	SCHAD, CINDY	
STREET ADDRESS	1111 NE 25TH AVENUE, #104	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, NANCY	
STREET ADDRESS	10 SW FIRST AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	X	<input checked="" type="checkbox"/> DELETE
NAME	MAI, SHARON	
STREET ADDRESS	P O BOX 4155	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jamie Hampy	
1.3 STREET ADDRESS	234 NW 3rd Ave	
1.4 CITY-ST-ZIP	Ocala FL 34475	
2.1 TITLE	Sarah R. Ritterhoff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	vice pres	
2.3 STREET ADDRESS	3149 SE 3rd St.	
2.4 CITY-ST-ZIP	Ocala FL 34471	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debbie Catabia	
3.3 STREET ADDRESS	7500 NW 14th St	
3.4 CITY-ST-ZIP	Ocala FL 34482	
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Syndie Levien	
5.3 STREET ADDRESS	1618 SE 29th Terr	Delete
5.4 CITY-ST-ZIP	Ocala FL 34471	
6.1 TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Delete	
6.3 STREET ADDRESS		
6.4 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)(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** 5/1/96 352-694-4184
Signature and typed or printed name of signing officer or director. Date Daytime Phone

CR2E037 (12/95)