

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 34478-4228

3. Date Incorporated or Qualified 05/14/1992 3a. Date of Last Report 06/21/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIEFER, BRIDGET 4855 SE 37TH CT. OCALA FL 34480				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5
				Ocala 1 FL 34476			

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 *Marilyn Walker* DATE 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONTAINE, JANE	1.2 NAME	Sharon mai (NA)
STREET ADDRESS	1111 NE 25TH AVE 402	1.3 STREET ADDRESS	P O BOX 4155
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34478
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPY, JAMIE	2.2 NAME	
STREET ADDRESS	334 NW 3RD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, SUZANNE	3.2 NAME	PRESIDENT Sarah Ritterhoff
STREET ADDRESS	307 NE 36TH AVE	3.3 STREET ADDRESS	3149 SE 3rd St
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAD, CINDY	4.2 NAME	PAST PRESIDENT
STREET ADDRESS	1111 NE 25TH AVENUE, #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATABIA, DEBBIE	5.2 NAME	
STREET ADDRESS	7500 NW 14TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)