

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 P O BOX 4228 OCALA FL 32678 | Mailing Address P O BOX 4228 OCALA FL 32678 |
|---|---|

3. Date Incorporated or Qualified
05/14/1992

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-3126926 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip Country | 29. Zip Country |

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WALKER, MACLYN
 7080 S.W. 27TH AVE
 OCALA FL 34476**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAI, SHARON | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 4155 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | DIRECTOR <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 | P <input type="checkbox"/> DELETE | 3.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RITTERHOFF, SARAH | 3.2 NAME | |
| STREET ADDRESS | 3149 S.E. 3RD ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 3.4 CITY-ST-ZIP | |
| TITLE | PP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | PAST PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAD, CINDY | 4.2 NAME | |
| 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 | DIRECTOR <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 | Syndia T. Levien (VICE PRESIDENT) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1618 S.E. 29th Terrace |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Ocala FL |

14. I 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.

SIGNATURE: *Sarah Ritterhoff* **Sarah Ritterhoff** President 1.22-98 352-620-3800

CR2E037 (10/97)