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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48939

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/14/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3126926
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALKER, MACLYN 7080 S.W. 27TH AVE OCALA FL 34476		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	MAI, SHARON P.O. BOX 4155 N/A OCALA FL	1.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Carol A. Trow 1111 NE 25 Ave. Ocala, FL 34470
TITLE D <input checked="" type="checkbox"/> DELETE	HAMPY, JAMIE 334 NW 3RD AVE. OCALA FL 34475	2.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Gloria James 731 SE 39th Avenue Ocala, FL 34471
TITLE P <input checked="" type="checkbox"/> DELETE	RITTERHOFF, SARAH 3149 S.E. 3RD ST OCALA FL	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Carol Alvey 723 SE 24 Terrace Ocala, FL 34471
TITLE PP <input checked="" type="checkbox"/> DELETE	SCHAD, CINDY 1111 NE 25TH AVENUE, #104 OCALA FL	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Nancy Jones 3400 SE 41st Place Ocala, FL 34480
TITLE D <input checked="" type="checkbox"/> DELETE	CATABIA, DEBBIE 7500 NW 14TH ST. OCALA FL 34482	5.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Bridget Kiefer 4855 SE 37th Court Ocala, FL 34480
TITLE VP <input type="checkbox"/> DELETE	SYNDIE, LEVIEN T 1618 SE 29TH TERR OCALA FL	6.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Levien, Syndie 4101 SW 30th Court Ocala, FL 34474

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, with all other like empowered.

SIGNATURE: Carol A. Trow **SIGNATURE REQUIRED** 2/7/99 352-732-3828
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)