

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90030 018 ****61.25

DOCUMENT # N48939
 1. Entity 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
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3126926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAPLAN, SHARON
650 SW 48TH STREET RD
OCALA FL 34474

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	DURIS, COLLEEN	
STREET ADDRESS	3885 SW 59TH PL	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, DEE	
STREET ADDRESS	504 SE 49TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAPLAN, SHARON	
STREET ADDRESS	650 SW 48TH STREET RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRICKLAND, DONNA	
STREET ADDRESS	3315 SE 25TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDT, MARY CAY	
STREET ADDRESS	1336 SE 8TH ST,	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, FRANCES	
STREET ADDRESS	700 SE 48TH AVE	
CITY-ST-ZIP	OCALA FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1-17-02** **352-629-2401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)