

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 06, 2004
Secretary of State**

DOCUMENT# N48939

Entity Name: ALTRUSA INTERNATIONAL OF OCALA FOUNDATION, INC.

Current Principal Place of Business:

P O BOX 4228
OCALA, FL 32678

New Principal Place of Business:

Current Mailing Address:

P O BOX 4228
OCALA, FL 32678

New Mailing Address:

FEI Number: 59-3126926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENDA HAWORTH
1141 SE 8TH STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

FORD, BRENDA
40 SE 11TH AVENUE
OCALA, FL 34471 US

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: BRENDA FORD 05/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DURIS, COLLEEN
Address: 3885 SW 59TH PL
City-St-Zip: OCALA, FL 34480

Title: P () Delete
Name: SMITH, MICHELLE
Address: 2050 SE 37TH COURT CIRCLE
City-St-Zip: OCALA, FL 34471

Title: V () Delete
Name: BAWORTH, BRENDA
Address: 1141 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: FORSTER, VALERIE
Address: 938 NE 7TH STREET
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: JONES, NANCY
Address: 3400 SE 41ST. PLACE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: FONTAINE, JANE
Address: 4123 SW 30TH COURT
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FREEMAN, DIANE
Address: 2801 SW COLLEGE ROAD SUITE 4
City-St-Zip: OCALA, FL 34474

Title: V (X) Change () Addition
Name: HODGE, ELIZABETH
Address: 121 NW 3RD STREET
City-St-Zip: OCALA, FL 34475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN DURIS D 05/06/2004
Electronic Signature of Signing Officer or Director Date