


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90130 001 \*\*\*122.50

<b>DOCUMENT # N48939</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3126926</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORD, BRENDA</b> <b>1900 SE 18TH AVE</b> <b>OCALA, FL 34471</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>DURIS, COLLEEN</b> <b>3885 SW 59TH PL</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BROWN, DEE</b> <b>504 SE 49TH AVE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>SARA CONNELL ARNETTE</b> <b>1781 CLATTER BRIDGE ROAD</b> <b>OCALA, FL 34471</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HELMS, JULIE W</b> <b>8451 NW 162ND CT</b> <b>MORRISTON, FL 32668</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANCES FERGUSON</b> <b>P.O. BOX 508</b> <b>FAIRFIELD, FL 32634</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>FORD, BRENDA</b> <b>1900 SE 18TH AVE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JONES, NANCY</b> <b>3400 SE 41ST. PLACE</b> <b>OCALA, FL 34480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <b>FONTAINE, JANE</b> <b>4123 SW 30TH COURT</b> <b>OCALA, FL 34474</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Brenda L Ford</i>			4/18/07 352-732-4240		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Brenda Ford, Treasurer</i>			Date Daytime Phone #		