## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48939

FILED Apr 22, 2009 Secretary of State

Entity Name: ALTRUSA INTERNATIONAL OF OCALA FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 4228 1900 SE 18TH AVENUE OCALA, FL 32678 OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** P O BOX 4228 OCALA, FL 32678 FEI Number: 59-3126926 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, BRENDA 1900 SE 18TH AVE US OCALA, FL 34471 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DURIS, COLLEEN DURIS, COLLEEN Name: Name: 3885 SW 59TH PL Address: 2413 SE 23RD STREET Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34471 Title: VC () Delete Title: () Change () Addition ARNETTE, SARA C Name: Name: Address: 1781 CLATTER BRIDGE RD Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FRANCES, FERGUSON SUSAN, DEAN Name: Name: 230 NE 25TH AVENUE Address: PO BOX 508 Address: City-St-Zip: FAIRFIELD, FL 32634 City-St-Zip: OCALA, FL 34470 Title: ( ) Delete Title: () Change () Addition Name: FORD, BRENDA Name: 1900 SE 18TH AVE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition JONES, NANCY LANDT, MARY CAY Name: Name: 3400 SE 41ST. PLACE 230 NE 25TH AVENUE Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34470 Title: () Delete Title: (X) Change ( ) Addition FONTAINE, JANE FONTAINE, JANE Name: Name: Address: 4123 SW 30TH COURT Address: 1721 SE 16TH AVENUE OCALA, FL 34474 OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRENDA L. FOD T 04/22/2009