

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:

P O BOX 4228
OCALA, FL 32678

New Principal Place of Business:

1900 SE 18TH AVENUE
OCALA, FL 34471

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:

FORD, BRENDA
1900 SE 18TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

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

Title: VC () Delete
Name: ARNETTE, SARA C
Address: 1781 CLATTER BRIDGE RD
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: FRANCES, FERGUSON
Address: PO BOX 508
City-St-Zip: FAIRFIELD, FL 32634

Title: T () Delete
Name: FORD, BRENDA
Address: 1900 SE 18TH AVE
City-St-Zip: OCALA, FL 34471

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: C (X) Change () Addition
Name: DURIS, COLLEEN
Address: 2413 SE 23RD STREET
City-St-Zip: OCALA, FL 34471

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

Title: D (X) Change () Addition
Name: SUSAN, DEAN
Address: 230 NE 25TH AVENUE
City-St-Zip: OCALA, FL 34470

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

Title: D (X) Change () Addition
Name: LANDT, MARY CAY
Address: 230 NE 25TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: FONTAINE, JANE
Address: 1721 SE 16TH AVENUE
City-St-Zip: OCALA, FL 34471

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

Electronic Signature of Signing Officer or Director

_____ Date