

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48939

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** ALTRUSA INTERNATIONAL OF OCALA FOUNDATION, INC.

**Current Principal Place of Business:**

1721 SE 16TH AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

334 NW 3RD AVENUE  
OCALA, FL 34475

**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  
Name: DEAN, SUSAN  
Address: 14035 NW COUNTY ROAD 464B  
City-St-Zip: MORRISTON, FL 32668

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

Title: D  
Name: MARY, WILLIAMS  
Address: 16752 N HWY 329  
City-St-Zip: REDDICK, FL 32686

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

Title: D  
Name: KEITH, SUSAN  
Address: 115 NE 31ST AVENUE  
City-St-Zip: OCALA, FL 34470

Title: M  
Name: TICE, SCOTT  
Address: 8590 SW 66TH TERRACE  
City-St-Zip: OCALA, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: SCOTT TICE

M

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date