2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004498

1. Entity Name
ALTRUSA CLUB OF STARKE, FLORIDA FOUNDATION,



FILED
Jan 17, 2008 8:00 am
Secretary of State
01-17-2008 90024 038 ****61.25

Control Principal Pace of Business Po Po Dot 245 STARKE, FL 32091 US	INC.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Suite, Apt #, etc. Suite, Apt #, etc. Suite City & State A Filt Number Sp-3214111 Nan Applicable Nan Applicable Nan Applicable Sp-3214111 Nan Applicable Nan Appl	C/O BEVERLY P.O. BOX 245	' Hardy 5	PO BOX 245	US			Biri 81811 51816 19181 19111	IB1 B1 14B1
City & State Country Country Country S. Certificate of Status Desired S. Scrifficate of Status Desired S. State Required For Required	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address					
Space	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072008	Chg-NP CR	2E037 (12/06)	
S. Rame and Address of Current Registered Agent Final Course	City & State	9	City & State			11		
Name Name Street Andrews (P.O. Box Number is Not Acceptable) Street Andrews (Žip	<u> </u>		Country			Fee Required	
HARDY, BEVERLY B 403 W GEORGIA ST STARKE, FL 32091 City FL Zip Code City FL Zip Co		6. Name and Address of Current	Registered Agent		7. Name and Ad	ddress of New Registe	red Agent	
E. The above named entity submits this statement for the purpose of changing its registered aligned. Signature. In problem to the purpose of changing its registered aligned. In the State of Florida. I am familiar with, and accept the obligations of registered aligned. Signature. Indeed of printed name of registered aligned. (NOTE Registered Agent signature required when remissating) DATE Filling Foe is \$61.25 Due by May 1, 2008 S. Election Campaign Financing Trust Fund Contribution. Added to Fees Make check payable to Fiorida Department of State Filling Foe is \$61.25 Due by May 1, 2008 Make check payable to Fiorida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE MAKE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE LEYSTONE HEIGHTS, FL 32091 TITLE MAKE ADDRESS CITY-ST-2P CHARDY, BEVERLY B MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE ANDERSON, MARGARET MAKE ANDERSON, MARGARET MAKE ANDERSON, MARGARET MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE ANDERSON, MARGARET MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE ANDERSON, MARGARET MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE ANDERSON, MARGARET MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE STREET ADDRESS CITY-ST-2P Change Addition MAKE STREET ADDRESS CITY-ST-2P Change Ad	403 W GE	ORGIA ST			tdress (P.O. Box Number is	s Not Acceptable)		
THE Obligations of registered agent. Signature Si				City			FL Zip Code	
Trust Fund Contribution. □ Addied to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE T	the obligat	ions of registered agent.						and accept
TITLE MAME MACEY, ANGELA 1214 BRADFORD ST STARKE, FL 32091		— ·						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE CRASE, DANA SIREET ADDRESS CITY-ST-ZIP TITLE HAMDE SIREET ADDRESS CITY-ST-ZIP TITLE HAMDE SIREET ADDRESS CITY-ST-ZIP TITLE T T T T T T T T T T T T T T T T T T	10.		RECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS AN	D DIRECTORS IN	10
NAME CRASE, DANA STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP Change Addition NAME HARDY, BEVERLY B Delete NAME STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 CITY-ST-ZIP TITLE S	NAME STREET ADDRESS	MACEY, ANGELA 1214 BRADFORD ST	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ANDERSON, MARGARET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091	NAME STREET ADDRESS	CRASE, DANA 4542 SE 3RD AVE		NAME STREET ADDRESS	PAST PRESIDE	WT	⊠ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 1305 SEARING ST CITY-ST-ZIP STARKE, FL 32091 TITLE VP NAME STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TARKE, FL 32091 TITLE NAME STREET ADDRESS CITY-ST-ZIP TARKE, FL 32091	NAME STREET ADDRESS	HARDY, BEVERLY B 403 GRESNGIA ST	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition
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NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091	NAME STREET ADDRESS	DECELLE, CAROLE K 18178 NORTHWEST STATE RO		NAME STREET ADDRESS			⊠ Change	☐ Addition
THE PROPERTY AND INTO THE INTERPRETATION OF THE PROPERTY OF TH	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	CARDYN RED 19967 NW 71 STARKE FL 33	2091		

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.

SIGN	ATU	RE:
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Low	ee De	loalla
SIGNATURE AND	TYPED OR PRINTE	D NAME OF SIGNIN

CAROLE K. DECELLE PRESIDENT

904-966-2043 Daytime Phone #