

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48939

**FILED**  
**Jan 13, 2024**  
**Secretary of State**  
**3837491294CC**

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

**Current Principal Place of Business:**

C/O CONNIE LARSEN  
6978 SE 12TH CIR  
OCALA, FL 34480

**Current Mailing Address:**

P O BOX 4228  
OCALA, FL 32678

**FEI Number: 59-3126926**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name CATABIA, DEBORAH  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

Title DIRECTOR  
Name ELLIOTT, KAREN  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

Title CHAIRMAN  
Name LANDT, MARY CAY  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

Title TREASURER  
Name LARSEN, CONSTANCE  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

Title BOARD LIAISON  
Name DURIS, COLLEEN  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

Title DIRECTOR  
Name GOODELLE, ELAINE  
Address P O BOX 4228  
City-State-Zip: Ocala FL 34478

*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: CONSTANCE LARSEN**

**TREASURER**

**01/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date