

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48939

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**4947562024CC**

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

**Current Principal Place of Business:**

C/O SCOTT TICE  
8590 SW 66 TERRACE  
OCALA, FL 34476

**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 LITTLE, BARBARA  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

Title DIRECTOR  
Name SCHLEMMER, CHARLENE  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

Title DIRECTOR  
Name COKE, JOAN  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

Title TREASURER  
Name TICE, SCOTT  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

Title CHAIRMAN  
Name FORD, BRENDA  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

Title BOARD LIAISON  
Name DURIS, COLLEEN  
Address P O BOX 4228  
City-State-Zip: Ocala FL 32678

*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**

**TREASURER**

**02/26/2019**

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

\_\_\_\_\_  
Date