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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:49

DOCUMENT # **762760** **(7)**

1. Corporation Name

ALTOONA ELEMENTARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
44440 TRANSFER ST. RD PAISLEY FL 32767 US	44440 TRANSFER ST RD PAISLEY FL 32767 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2197319 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HATFIELD, JERRY D.
44440 TRANSFER STATION RD
PAISLEY FL 32767

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SLATER, JOHN	12 NAME	
STREET ADDRESS	ALTOONA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, HELEN G.	22 NAME	
STREET ADDRESS	18300 RAVENSWOOD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MALCOLM, EMORY	32 NAME	
STREET ADDRESS	RAVENWOOD ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, MARTHA	42 NAME	
STREET ADDRESS	533 N. UMATILLA BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LATNER, JOANN	52 NAME	
STREET ADDRESS	BOYS RANCH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KERSEY, PATI	62 NAME	
STREET ADDRESS	18533 NFS RD 535	63 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JERRY D. HATFIELD 3-21-95 904 669-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033273