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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

762760

(7)

FILED Feb 04 1998 8:00am Secretary of State

ALTOONA ELEMENTARY FOUNDATION, INC.					
Principal Place of Business Mailing Address					. Health fabin ailing islein anni bioli and a shini deli bindi shek didi bioli bioli didi bioli bioli bioli bioli
44440 TRANSF PAISLEY FL 32 US		44440 TRANSFER ST RD PAISLEY FL 32767 US			3. Date Incorporated or Qualified 04/06/1982 4. FEI Number Applied For 59-2197319 Not Applicable
	Place of Business Spring Creek Rd	2a, Mailing Address 26 44440 Spr	: nal	rock D	\$9.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc		1 600 V	6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
Clty & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		Zip Country			☐ Yes ☐ No
Zip	Country	Zip	—	intry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81				81 Name	
HATFIELD, JERRY D.				82 Street A	ddress (P.O. Box Number is Not Acceptable)
44440 TRANSFER STATION RD				Ou cei A	duless (1.0. Dox Number is Not Acceptable)
PAISLEY FL 32767				83	
Í				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signalure, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. 12. CFFICERS AND DIRECTORS			E: Registere	Agent signature r	equired when rehalating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 Ti	TLE	Change Addition
NAME	SLATER, JOHN		1.2 N	(
STREET ADDRESS	ALTOONA ROAD		1.3 \$7	REET ADDRESS	
CITY-ST-ZIP	ALTOONA FL		1.4 CI	TY-ST-ZIP	<u> </u>
TITLE	VD	☐ DELETE	2.1 1	TLE	Change Addition
NAME	SCOTT, HELEN G.		2.2 N/	1	
STREET ADDRESS	18300 RAVENSWOOD ROAD			REET ADDRESS	
CITY - ST-ZIP	ALTOONA FL	- I Double		TY-ST-ZIP	
ππLE	D STATE OF THE PARTY	DELETE	3.1 TI		Change Addition
NAME	MALCOLM, EMORY		3.2 NA		
STREET ADDRESS	RAVENWOOD ROAD ALTOONA FL			REET ADDRESS	
CITY-ST-ZIP	D D	DELETE	3.4. U	TY-ST-ZIP	Change Addition
NAME	Hartman, Martha		4.2 N	[
STREET ADDRESS	533 N. UMATILLA BLVD.			REET ADORESS	
CITY-ST-ZIP	UMATILLA FL			TY-ST-ZIP	
TITLE	D	DELETE	5.1 TII		Change Addition
NAME	LATNER, JOANN		5.2 NA	1	. —
STREET ADDRESS	BOYS RANCH ROAD		1	REET ADDRESS	
CITY-ST-ZIP	ALTOONA FL			Y-ST-ZIP	
πτιε	D	DELETE	6.1 TI		Change Addition
NAME	KERSEY, PATI		6.2 NA	ME	
STREET ADDRESS	19533 NES RD 535		63 ST	REET ADDRESS	

14. I hereby certify that the information supplied with this filing 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE:

ALTOONA FI

BUKENTACKAE REQUIRETA Hartman

· 01-08-98_

<u>352-669-5515</u>