


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

| | | | | | |
|--|--|---|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 762760 (7) 1. Corporation Name ALTOONA ELEMENTARY FOUNDATION, INC. | | | | | |
| Principal Place of Business 44440 TRANSFER ST. RD PAISLEY FL 32767 US | | | Mailing Address 44440 TRANSFER ST RD PAISLEY FL 32767 US | | |
| 2. Principal Place of Business 21 44440 Spring Creek Rd Suite, Apt. #, etc. | | 2a. Mailing Address 26 44440 Spring Creek Rd Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/06/1982 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-2197319 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 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 attachment with an address. | | | | | |

SIGNATURE: Martha Hartman **RECEIVED** Martha Hartman

01-08-98

352-669-5515

CR2E037 (10/97)