


FILE NOW: FILING FEE IS \$61.25

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90015 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762760 (7)					
1. Corporation Name ALTOONA ELEMENTARY FOUNDATION, INC.					
Principal Place of Business 44440 SPRING CREEK RD PAISLEY, FL 32767 US			Mailing Address 44440 SPRING CREEK ST RD PAISLEY, FL 32767 US		

2. Principal Place of Business 21 44440 SPRING CREEK ST 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 Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip 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 SPRING CREEK 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	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, JOHN	1.2 NAME	
STREET ADDRESS	ALTOONA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, HELEN G	2.2 NAME	
STREET ADDRESS	18300 RAVENSWOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, EMORY	3.2 NAME	
STREET ADDRESS	RAVENWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, MARTHA	4.2 NAME	
STREET ADDRESS	535 N UMATILLA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATNER, JOANN	5.2 NAME	
STREET ADDRESS	BOYS RANCH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSEY, PATI	6.2 NAME	
STREET ADDRESS	18533 NFS RD 535	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTOONA, FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Marttha Hartman MARTHA HARTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

352-669-5515

Daytime Phone #