

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010550 1. Entity Name ALTOONA SCHOOL, INC.	
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Principal Place of Business POST OFFICE BOX 1201 ALTOONA, FL 32702	Mailing Address POST OFFICE BOX 1201 ALTOONA, FL 32702
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 84-1643286	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEWBY, MATT A
5516 SE 294TH TERRACE ROAD
ALTOONA, FL 32702

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

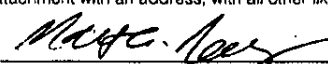
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWBY, MATT A 15516 SE 294TH TERRACE ROAD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOVIL MOORE, BETH ANNE 22120 LIVE OAKS RANCH RD. UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGERS, SUZANNE 27401 SE COUNTY ROAD 42 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPAULDING, CONETTE J 18801 RAVENWOOD RD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAUSEY, LAURA G 29901 SE 150 STREET ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **11/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #