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.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1201 ALTOONA, FL 32702	POST OFFICE BOX 1201 ALTOONA, FL 32702

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

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

U00000783397
01/16/08-80012-022 61.25

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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: Matt C. Newby 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #