

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010550

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ALTOONA SCHOOL, INC.

## Current Principal Place of Business:

POST OFFICE BOX 1201  
ALTOONA, FL 32702

## New Principal Place of Business:

42630 STATE ROAD 19  
ALTOONA, FL 32702

## Current Mailing Address:

POST OFFICE BOX 1201  
ALTOONA, FL 32702

## New Mailing Address:

FEI Number: 84-1643286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEWBY, MATT A  
Address: 15516 SE 294TH TERRACE ROAD  
City-St-Zip: ALTOONA, FL 32702

Title: D ( ) Delete  
Name: SCOVIL MOORE, BETH ANNE  
Address: 22120 LIVE OAKS RANCH RD.  
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete  
Name: ROGERS, SUZANNE  
Address: 27401 SE COUNTY ROAD 42  
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete  
Name: SPAULDING, CONETTE J  
Address: 18801 RAVENWOOD RD  
City-St-Zip: ALTOONA, FL 32702

Title: D ( ) Delete  
Name: CAUSEY, LAURA G  
Address: 29901 SE 150 STREET  
City-St-Zip: ALTOONA, FL 32702

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT A. NEWBY

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date