

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 04, 2009
Secretary of State

DOCUMENT# N03000010550

Entity Name: ALTOONA SCHOOL, INC.

Current Principal Place of Business:42630 STATE ROAD 19
ALTOONA, FL 32702**New Principal Place of Business:****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 32702Title: D () Delete
Name: SCOVIL MOORE, BETH ANNE
Address: 22120 LIVE OAKS RANCH RD.
City-St-Zip: UMATILLA, FL 32784Title: D () Delete
Name: SCOTT, DONALD
Address: 18300 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702Title: D () Delete
Name: SPAULDING, CONETTE J
Address: 18801 RAVENWOOD RD
City-St-Zip: ALTOONA, FL 32702Title: D () Delete
Name: BABB, MARYELLEN
Address: 42609 LAKE HOSPITALITY LN
City-St-Zip: ALTOONA, FL 32702Title: D () Delete
Name: BARTBERGER, ROBERT L
Address: 36106 MATTAWAN DR
City-St-Zip: EUSTIS, FL 32736**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: D (X) Change () Addition
Name: WHITTEN, JEANETTE
Address: P. O. BOX 1138
City-St-Zip: UMATILLA, FL 32784Title: () 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

RA

08/04/2009

Electronic Signature of Signing Officer or Director

Date