

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2010
Secretary of State

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

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

Title: D
Name: KAHLER, MARY-KAY
Address: P.O. BOX 1253
City-St-Zip: UMATILLA, FL 32784

Title: D
Name: WHITTEN, JEANETTE
Address: P. O. BOX 1138
City-St-Zip: UMATILLA, FL 32784

Title: D
Name: BABB, MARYELLEN
Address: 42609 LAKE HOSPITALITY LN
City-St-Zip: ALTOONA, FL 32702

Title: D
Name: DAVENPORT, CHERYL
Address: 24553 SW HWY 450
City-St-Zip: UMATILLA, FL 32784

I hereby 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 all other like empowered.

SIGNATURE: MATT NEWBY

D

04/01/2010

Electronic Signature of Signing Officer or Director

Date