

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003695

FILED
Mar 04, 2009
Secretary of State

Entity Name: GREATER ALTOONA SOCIETY, INC.

Current Principal Place of Business:

42118 STATE ROAD 19
ALTOONA, FL 32702 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0053
ALTOONA, FL 32702 US

New Mailing Address:

FEI Number: 59-3283869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUDABUSH, A.M.
27415 SOUTHEAST 162ND PLACE
UMATILLA, FL 32784 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: P () Delete
Name: ROUDABUSH, SUE J
Address: 27415 SOUTHEAST 162ND PLACE
City-St-Zip: UMATILLA, FL 32784 US

Title: D () Delete
Name: TAYLOR, FAYE
Address: 56326 HICKORY ROAD
City-St-Zip: ASTOR, FL 32102 US

Title: STD () Delete
Name: ROUDABUSH, A.M.
Address: 27415 SE 162ND PLACE
City-St-Zip: UMATILLA, FL 32784 US

Title: D () Delete
Name: JARRETT, EVA R
Address: 18925 RAVENSWOOD RD
City-St-Zip: ALTOONA, FL 32702 US

Title: D () Delete
Name: LUCAS, DOROTHY
Address: 42601 W ALTOONA RD
City-St-Zip: ALTOONA, FL 32702 US

Title: D () Delete
Name: GRAHAM, BONNIE
Address: 42507 WEST ALTOONA RD
City-St-Zip: ALTOONA, FL 32702 US

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
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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: SUE J. ROUDABUSH

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date