


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000003332</b> 1. Entity Name APOLLO SCHOOL FOUNDATION, INC.	
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Principal Place of Business 9141 S.E. APOLLO ST. HOBE SOUND, FL 33455	Mailing Address PO BOX 744 HOBE SOUND, FL 33475
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**DO NOT WRITE IN THIS SPACE**



03172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0926244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPURGEON, KATHARINE F  
12 NORTH BEACH RD  
HOBE SOUND, FL 33455

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000689710 04/11/07-80042-025 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, SUZANNE D 8916 SE MARS HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLROY, SUELLEN M 9165 SE MERCURY ST HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPURGEON, KATHARINE 12 N. BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINER, BOB 9409 S.E. ATHENA ST. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Katharine F Spurgeon **4/1/07 772 546 5272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #