


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 041 ****61.25

DOCUMENT # N93000001398					
1. Entity Name ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION					
Principal Place of Business 40 ORANGE ST. ST. AUGUSTINE, FL 32084			Mailing Address 40 ORANGE ST. ST. AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6000824	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOYNER, DR. JOSEPH 40 ORANGE ST. ST. AUGUSTINE, FL 32084			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>Joseph S. Joyner</i>		Date <i>3/11/05</i>		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLOUGH, BEVERLY		NAME		
STREET ADDRESS	40 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	DSBM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, CARLA		NAME		
STREET ADDRESS	40 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEHLING, BILL		NAME		
STREET ADDRESS	40 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVELL, DIANE		NAME		
STREET ADDRESS	40 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	SBM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, THOMAS		NAME		
STREET ADDRESS	40 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Diane Lovell</i>		Date: <i>3/16/05</i>		Daytime Phone #: <i>(904) 819-7509</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40035160



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N93000001398
Business Entity Name	ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION
Original File Date	04/07/1993

FEI Number 59-6000824

Principal Address 40 ORANGE ST.
ST. AUGUSTINE, FL 32084

Mailing Address 40 ORANGE ST.
ST. AUGUSTINE, FL 32084

Registered Agent DR. JOSEPH JOYNER
40 ORANGE ST.
ST. AUGUSTINE, FL 32084 US

Officer/Director Name And Address

BMD
BEVERLY SLOUGH
40 ORANGE ST.
SAINT AUGUSTINE, FL 32084

DSBM
CARLA WRIGHT
40 ORANGE ST.
ST. AUGUSTINE, FL

BMD
BILL FEHLING
40 ORANGE ST.
SAINT AUGUSTINE, FL 32084

D
DIANE LOVELL
40 ORANGE ST.
SAINT AUGUSTINE, FL 32084