


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

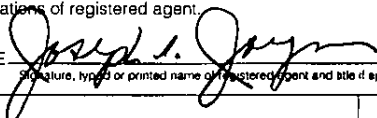
4. FEI Number <b>59-6000824</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOYNER, DR. JOSEPH  
 40 ORANGE ST.  
 ST. AUGUSTINE, FL 32084**

**DO NOT WRITE IN THIS SPACE**

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 reactivating)

**Filing Fee Is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

000000398619  
 04/25/08-80015-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMD SLOUGH, BEVERLY 40 ORANGE ST. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSBM WRIGHT, CARLA 40 ORANGE ST. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BMD FEHLING, BILL 40 ORANGE ST. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIGNON, BILL 40 ORANGE STREET SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SBM ALLEN, THOMAS 40 ORANGE ST. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **4/8/08** (904) 899-7507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #