


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90093 007 ****70.00

DOCUMENT # N94000000983 1. Entity Name SEMINOLE SCHOOL BOARD LEASING CORP.					
Principal Place of Business 400 E LAKE MARY BOULEVARD SANFORD, FL 32773 US			Mailing Address 400 EAST LAKE MARY BOULEVARD SANFORD, FL 32773 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VOGEL, BILL 400 EAST LAKE MARY BOULEVARD SANFORD, FL 32773				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, DIANE		NAME		
STREET ADDRESS	423 EAGLE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, SANDY		NAME		
STREET ADDRESS	P.O. BOX 950138 N/A		STREET ADDRESS	P.O. Box 952739	
CITY-ST-ZIP	LAKE MARY, FL 32795		CITY-ST-ZIP	Lake Mary, FL 32795	
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, JEANNE		NAME		
STREET ADDRESS	1921 WINGFIELD DR.		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAINER, BARRY		NAME		
STREET ADDRESS	1664 WINDY BLUFF POINT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAFFNER, DEDE		NAME		
STREET ADDRESS	200 SPRINGSIDE RD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		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 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: <i>Jeane Morris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/7/2006 4073200241 <small>Date Daytime Phone #</small>		