

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 010 ****61.25

DOCUMENT # N97000000742

1. Entity Name
**ORANGE COUNTY SCHOOL BOARD LEASING
CORPORATION**



Principal Place of Business
**445 WEST AMELIA STREET
ORLANDO, FL 32801**

Mailing Address
**445 WEST AMELIA STREET
ORLANDO, FL 32801**

40008541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3437224

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRUPPENBACHER, FRANK
445 WEST AMELIA STREET
ELC-9
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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

Frank Kruppenbacher, General Counsel - Frank Kruppenbacher

1-9-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEA, TIMOTHY	
STREET ADDRESS	445 W. AMELIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JIM	
STREET ADDRESS	445 W. AMELIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDGE, ROACH "RICK"	
STREET ADDRESS	445 W. AMELIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, KATHLEEN	
STREET ADDRESS	445 W AMELIA ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADLE, JOIE	
STREET ADDRESS	445 WEST AMELIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARDAMAN, KAREN	
STREET ADDRESS	445 W. AMELIA STREET	
CITY-ST-ZIP	ORLANDO, FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE GEIGER	
STREET ADDRESS	445 W. AMELIA ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARYL FLYNN	
STREET ADDRESS	445 W. AMELIA ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Karen Ardaman

1-9-07 Karen Ardaman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #