

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001398

**FILED  
Jan 10, 2014  
Secretary of State  
CC8637779170**

**Entity Name:** ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION

**Current Principal Place of Business:**

40 ORANGE ST.  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

40 ORANGE ST.  
ST. AUGUSTINE, FL 32084

**FEI Number: 59-6000824**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ALLEN, THOMAS  
Address 40 ORANGE ST.  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title PRESIDENT  
Name MIGNON, BILL  
Address 40 ORANGE ST.  
City-State-Zip: ST. AUGUSTINE FL

Title S/T  
Name JOYNER, DR. JOSEPH  
Address 40 ORANGE ST.  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D  
Name CANAN, PATRICK  
Address 40 ORANGE STREET  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D  
Name SLOUGH, BEVERLY  
Address 40 ORANGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title VP  
Name FEHLING, BILL  
Address 40 ORANGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BILL MIGNON**

**BOARD CHAIR**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date