SIGNATURE	: TIM FORSON			01/31/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	PRESIDENT	
Name	COLEMAN, ANTHONY	Name	MIGNON, BILL	
Address	40 ORANGE ST.	Address	40 ORANGE ST.	
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	ST. AUGUSTINE FL	
Title	S/T	Title	DIRECTOR	
Name	FORSON, TIM	Name	CANAN, PATRICK	
Address	40 ORANGE ST.	Address	40 ORANGE STREET	
City-State-Zip:	SAINT AUGUSTINE FL 32084	City-State-Zip:	SAINT AUGUSTINE FL 32084	
Title	DIRECTOR	Title	VP	
Name	SLOUGH, BEVERLY	Name	BARRERA, KELLY	

Address

City-State-Zip:

FORSON, TIM

Current Mailing Address:

ST. AUGUSTINE, FL 32084

CORPORATION

40 ORANGE ST.

Address

City-State-Zip:

40 ORANGE ST. ST. AUGUSTINE, FL 32084

DOCUMENT# N93000001398

Current Principal Place of Business:

FEI Number: 59-6000824

Name and Address of Current Registered Agent:

40 ORANGE STREET

ST. AUGUSTINE FL 32084

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.

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: TIM FORSON

SECRETARY/TREASURER 01/31/2022

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ST. JOHNS COUNTY SCHOOL BOARD LEASING

40 ORANGE STREET

ST. AUGUSTINE FL 32084

FILED Jan 31, 2022 Secretary of State 2872066169CC

Certificate of Status Desired: Yes

Date