

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000742

Entity Name: ORANGE COUNTY SCHOOL BOARD LEASING CORPORATION**Current Principal Place of Business:**445 WEST AMELIA STREET
ORLANDO, FL 32801**Current Mailing Address:**445 WEST AMELIA STREET
ORLANDO, FL 32801**FEI Number:** 59-3437224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, WOODY
445 WEST AMELIA STREET
ELC-9
ORLANDO, FL 32801 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	SUBLETTE, WILLIAM
Address	445 W. AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	D
Name	KOBERT, LINDA
Address	445 W. AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	D
Name	FLYNN, DARYL
Address	445 WEST AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	GOULD, PAM
Address	445 WEST AMELIA STREET
City-State-Zip:	ORLANDO FL 32801

Title	D
Name	ROBINSON, NANCY
Address	445 W. AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	D
Name	GORDON, KATHLEEN
Address	445 W AMELIA ST
City-State-Zip:	ORLANDO FL 32801
Title	D
Name	MOORE, CHRISTINE
Address	445 W. AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	CADLE, JOIE
Address	445 WEST AMELIA STREET
City-State-Zip:	ORLANDO FL 32801

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: WILLIAM SUBLETTE

DIRECTOR

02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date