


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 049 ****70.00

DOCUMENT # N03000009270					
1. Entity Name OKALOOSA SCHOOL BOARD LEASING CORPORATION					
Principal Place of Business 120 LOWERY PLACE, S.E. FORT WALTON BEACH, FL 32548			Mailing Address 120 LOWERY PLACE, S.E. FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-1088953	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCINNIS, C. JEFFREY 900 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAKES, LUCINDA J		NAME		
STREET ADDRESS	113 LISA MARIE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIGPEN, CATHY		NAME		
STREET ADDRESS	1005 CAPRI COURT		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HOWARD		NAME	Hill, Howard	
STREET ADDRESS	2403 PARKER DRIVE		STREET ADDRESS	2403 Parker Drive	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CHUCK		NAME	Kelley, Chuck	
STREET ADDRESS	37 BAY DRIVE		STREET ADDRESS	37 Bay Drive	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, RODNEY L		NAME		
STREET ADDRESS	106-B STAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		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>Arthur A. M. J. J.</i>			4-12-2007 850-833-5895		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		