

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002264

FILED
Apr 30, 2008
Secretary of State

Entity Name: BCSB LEASING CORPORATION

Current Principal Place of Business:

392 SOUTH BLVD EAST
MACCLENNEY, FL 32063

New Principal Place of Business:

Current Mailing Address:

392 SOUTH BLVD EAST
MACCLENNEY, FL 32063

New Mailing Address:

FEI Number: 83-0422374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINKLEY, SHERREE S
392 SOUTH BLVD EAST
MACCLENNEY, FL 32063 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEEKS, PATRICIA C
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

Title: DV () Delete
Name: GRIFFIS, RICHARD D
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: CREWS, EARL DWIGHT
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: MCCUOLLUM, KAREN FERRY
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: RAULERSON, JAMES PAUL
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

Title: ST () Delete
Name: BARTON, PAULA T
Address: 392 SOUTH BLVD EAST
City-St-Zip: MACCLENNEY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD GRIFFIS

DV

04/30/2008

Electronic Signature of Signing Officer or Director

Date