

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011109

FILED
Mar 02, 2012
Secretary of State

Entity Name: MARTIN SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:

ATTN: SUPERINTENDENT
500 EAST OCEAN BLVD.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

ATTN: SUPERINTENDENT
500 EAST OCEAN BLVD.
STUART, FL 34994

New Mailing Address:

FEI Number: 20-3882893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, NANCY
% SCHOOL BOARD OF MARTIN COUNTY
500 EAST OCEAN BLVD.
STUART, FL 34994 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: VP
Name: BARRY-SORENSEN, MAURA
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

Title: MEM
Name: BUSH, MICHAEL J
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

Title: ST
Name: KLINE, NANCY
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

Title: MEM
Name: GAYLORD, LAURIE
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

Title: PD
Name: HERSHEY, SUE
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

Title: MEM
Name: ANDERSON, DAVID L DR
Address: 500 EAST OCEAN BOULEVARD
City-St-Zip: STUART, FL 34994

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: NANCY KLINE

SECR

03/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date