

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012381

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** SUWANNEE COUNTY SCHOOL BOARD LEASING CORPORATION

**Current Principal Place of Business:**

702 2ND STREET, NW  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

702 2ND STREET, NW  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, GEORGE  
101 NORTH MONROE STREET, SUITE 900  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: TAYLOR, JERRY  
Address: 14512 48TH STREEET  
City-St-Zip: LIVEOAK, FL 32060

Title: D ( ) Delete  
Name: OWENS, MURIEL  
Address: 8432 97TH ROAD  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: ULMER, JULIE B  
Address: 1322 COPELAND STREET  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: COOPER, JAMES  
Address: 7469 77TH ROAD  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: HOLTZCLAW, J.M.  
Address: 21809 93RD DRIVE  
City-St-Zip: O'BRIEN, FL 32071

**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:

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: VICKIE C. MUSIC

MS.

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date