

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011028

FILED
Aug 06, 2007
Secretary of State

Entity Name: CHARLOTTE SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:

1445 EDUCATION WAY
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1445 EDUCATION WAY
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 59-6000539 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GAYLER, DAVID DR.
C/O SCHOOL BOARD OF CHARLOTTE COUNTY, FL
1445 EDUCATION WAY
PORT CHARLOTTE, FL 33948 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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: GAYLER, DAVID E DR.
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: CP () Delete
Name: SIFIT, SUE
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPVC () Delete
Name: MESSINA, ANDREA
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MILLER, ALLEEN
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: RENDELL, BARBARA
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: SWIFT, LEE
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CP (X) Change () Addition
Name: MESSINA, ANDREA
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPVC (X) Change () Addition
Name: SWIFT, LEE
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

Title: D (X) Change () Addition
Name: SIFRIT, SUE
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

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: DAVID E. GAYER

SUPT

08/06/2007

Electronic Signature of Signing Officer or Director

Date