

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N06000013124

1. Entity Name  
FRANKLIN SCHOOL BOARD LEASING CORPORATION



Principal Place of Business  
ATTN: SUPERINTENDENT  
155 AVENUE E  
APALACHICOLA, FL 32320

Mailing Address  
ATTN: SUPERINTENDENT  
155 AVENUE E  
APALACHICOLA, FL 32320



01112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8176738

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAYMOND, MARK E ESQ.  
% MOYLE, FLANIGAN, KATZ, RAYMOND, ET AL  
625 NORTH FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH, FL 33402

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
GANDER, JIMMY  
155 AVENUE E  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPVC  
MARTIN, TERESA  
155 AVENUE E  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GANDER, JO ANN  
155 AVENUE E  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HINTON, DAVID  
155 AVENUE E  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUTLER, DENISE  
155 AVENUE E  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHARDS, JOHN  
155 AVENUE E  
APALACHICOLA, FL 32320

U00000846545  
03/18/08-80033-001 61.25

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IN THIS SPACE**

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: Jo Ann Gander Jo Ann Gander

1/11/2008

850-653-8831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #