2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013124

FILED Jan 06, 2009 Secretary of State

Entity Name: FRANKLIN SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
155 AVEN	UPERINTENDE NUE E HICOLA, FL 323				
Current Mailing Address:			New Maili	New Mailing Address:	
155 AVEN	UPERINTENDE NUE E HICOLA, FL 323				
FEI Number	r: 20-8176738	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
% MOYLE 625 NOR ⁻ WEST PA	TH FLAGLER D ALM BEACH, FL	ATZ, RAYMOND, ET AL RIVE, 9TH FLOOR 33402 US	ourness of changing i	its registered office or registered agent, or both,	
	te of Florida.	ubilitis tills statement for the p	dipose of changing i	ts registered office of registered agent, or both,	
SIGNATU					
	Electroni	ic Signature of Registered Age	∍nt	Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	PC () GANDER, JIMM 155 AVENUE E APALACHICOLA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPVC () MARTIN, TERES 155 AVENUE E APALACHICOLA		Title: Name: Address: City-St-Zip:	() Change () Addition	
		Delete	Title:	ST (X) Change () Addition	
Name: Address:	GANDER, JO AN 155 AVENUE E		Name: Address: City-St-Zip:	MARKS, NINA 155 AVENUE E APALACHICOLA, FL 32320	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GANDER, JO AN 155 AVENUE E APALACHICOLA	NN N, FL 32320 Delete	Name: Address:	MARKS, NINA 155 AVENUE E	
Name: Address: City-St-Zip: Title: Name: Address:	GANDER, JO AN 155 AVENUE E APALACHICOLA D () HINTON, DAVID 155 AVENUE E APALACHICOLA	NN	Name: Address: City-St-Zip: Title: Name: Address:	MARKS, NINA 155 AVENUE E APALACHICOLA, FL 32320	

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: JIMMY GANDER MR. 01/06/2009