

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90041 048 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N32791 1. Entity Name BROWARD SCHOOL BOARD LEASING CORP.					
Principal Place of Business DR. FRANKLIN L. TILL, JR. 600 SE 3RD AVE FT LAUDERDALE, FL 33301 US			Mailing Address DR. FRANKLIN L. TILL, JR. 600 SE 3RD AVE FT LAUDERDALE, FL 33301 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0182556 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TILL, FRANKLIN L JR. 600 S.E. 3RD AVENUE FT LAUDERDALE, FL 33301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEXLER, LOIS		NAME	Robin Bartleman	
STREET ADDRESS	510 TORCHWOOD AVENUE		STREET ADDRESS	16427 Sapphire Place	
CITY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP	Weston, FL 33331	
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, CAROLE L		NAME		
STREET ADDRESS	3348 LEE ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	CARTER, DARLA		NAME		
STREET ADDRESS	8817 NW 21 ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAFT, STEPHANIE A		NAME		
STREET ADDRESS	11081 NW 1 COURT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE		
NAME	TILL, FRANKLIN L JR.		NAME		
STREET ADDRESS	600 SE 3RD AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, BENJAMIN		NAME		
STREET ADDRESS	501 NW 33 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Franklin L. Till Jr (754-321-2600)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

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10. Officers and Directors

Title Name Street Address City-St-Zip	D Beverly A. Gallagher 15830 N.W. 10 Street Pembroke Pines, FL 33028		
Title Name Street Address City-St-Zip	D Dr. Robert D. Parks 2880 N.E. 14 St., #1010 Pompano Beach, FL 33062		
Title Name Street Address City-St-Zip	D Marty Rubinstein 9214 N.W. 48 Street Sunrise, FL 33351		
Title Name Street Address City-St-Zip	D Judie S. Budnick 9660 N. W. 10 Place Plantation, FL 33322	DELETE	D Maureen S. Dinnen 622 S. W. 15 Street Ft. Lauderdale, FL 33315 ADDITION
Title Name Street Address City-St-Zip	T Henry L. Robinson 880 N.W. 33 Way Ft. Lauderdale, FL 33311		