2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90076 011 ****61.25

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DOCUMENT # N38384

1. Entity Name
ST. LUCIE SCHOOL BOARD LEASING CORPORATION

Principal Place of Business	Mailing Address
% DANIEL B. HARRELL 1600 S. FEDERAL HWY., SUITE 200 FT. PIERCE, FL 34950-5194 US	% DANIEL B. HARRELL 1600 S. FEDERAL HWY., SUITE 200 FT. PIERCE, FL 34950-5194 US

2. Principal Place of Business	3. Mailing Address
c/o DANIEL B. HARRELL	2100 SE Ocean Blvd.
Suite, Apt. #, etc. 2100 SE Ocean Blvd.#205	Suite, Apt. #, etc. Suite 205
City & State Stuart, Florida	City & State Stuart, FL
Zip / Country 34996-3332 / U.S.	Zip / Country 34996-3332 / U.S.

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0320881
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRELL, DANIEL B. 1600 SOUTH FEDERAL HWY. SUITE 200 FT. PIERCE, FL 34950	Name: DANIEL B. HARRELL Street Address (P.O. Box Number is Not Acceptable) 2100 SE Ocean Blvd., Suite 205 City: Stuart FL Zip Code: 34996-333

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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILSON, CAROL A 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, SAMUEL S 4204 OKEECHOBEE RD. FORT PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JUDITH C. 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENSLEY, KATHRYN J 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARVELLI, JOHN J 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VOGEL, WILLIAM H. 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LANNON, MICHAEL J. 4204 Okeechobee Road Ft. Pierce FL 34947	☐ Change ☒ Addition

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: Judith C. Miller JUDITH C. MILLER Mar. 22, 2005 (772)429-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #