


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90043 045 ****61.25

DOCUMENT # N38384 1. Entity Name ST. LUCIE SCHOOL BOARD LEASING CORPORATION					
Principal Place of Business % DANIEL B. HARRELL 2100 SE OCEAN BLVD #205 STUART, FL 34996-3332 US			Mailing Address % DANIEL B. HARRELL 2100 SE OCEAN BLVD #205 STUART, FL 34996-3332 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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		
HARRELL, DANIEL B. 2100 SE OCEAN BLVD SUITE 205 STUART, FL 34996			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILSON, CAROL A	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD.	STREET ADDRESS			
CITY - ST - ZIP	FT. PIERCE, FL 34947	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAINES, SAMUEL S	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD.	STREET ADDRESS			
CITY - ST - ZIP	FORT PIERCE, FL 34947	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, JUDITH C.	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD.	STREET ADDRESS			
CITY - ST - ZIP	FT. PIERCE, FL 34947	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSLEY, KATHRYN J	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD.	STREET ADDRESS			
CITY - ST - ZIP	FT. PIERCE, FL 34947	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARVELLI, JOHN J	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD.	STREET ADDRESS			
CITY - ST - ZIP	FT. PIERCE, FL 34947	CITY - ST - ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANNON, MICHAEL J	NAME			
STREET ADDRESS	4204 OKEECHOBEE RD	STREET ADDRESS			
CITY - ST - ZIP	FT. PIERCE, FL 34947	CITY - ST - ZIP			
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: <i>Kathryn Hensley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>KATHRYN HENSLEY</i> PRES		Date <i>01/12/06</i>	
				Daytime Phone # <i>772 429-3914</i>	

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01122006 Chg-NP CR2E037 (11/05)

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