


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 032 ****61.25

DOCUMENT # N38583 1. Entity Name CLAY COUNTY GOVERNMENTAL LEASING CORPORATION					
Principal Place of Business 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043 US				Mailing Address PO BOX 1366 GREEN COVE SPRINGS, FL 32043 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 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCRUBY, MARK CLAY COUNTY 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043			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 _____ <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 NAME STREET ADDRESS CITY- ST- ZIP	D LASSITER, GLENN R 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV BUSH, GEORGE A 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCP FITZGERALD, CHRISTY 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCGOVERN, PATRICK D 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LANCASTER, LARRY R. 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WILSON, ROBERT M 477 HOUSTON ST GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV RUTLEDGE, HAROLD 477 HOUSTON ST. GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____		George A. Bush		2-22-05 904-269-6376	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	