

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 044 ****61.25

| | | | | | |
|--|-----------------------------------|--|---|--|--|
| DOCUMENT # N40117 1. Entity Name FINANCING CORPORATION FOR THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA | | | | | |
| Principal Place of Business 1960 LANDINGS BLVD SARASOTA, FL 34231 US | | | Mailing Address 1960 LANDINGS BLVD SARASOTA, FL 34231 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 65-0287028 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NORRIS, GARY 1960 LANDINGS BOULEVARD SARASOTA, FL 34231 | | | 7. Name and Address of New Registered Agent Name Norris, Gary Street Address (P.O. Box Number is Not Acceptable) 1960 Landings Boulevard City Sarasota FL Zip Code 34231 | | |
| 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.</small> | | Superintendent, Gary Norris 1/17/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | C <input type="checkbox"/> Delete | | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KLEINLEIN, KATHY | | NAME | Kleinlein, Kathy | |
| STREET ADDRESS | 1960 LANDINGS BLVD | | STREET ADDRESS | 1960 Landings Blvd | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | Sarasota, FL 34231 | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENSON, LAURA | | NAME | | |
| STREET ADDRESS | 1960 LANDINGS BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEWIS, JOHN | | NAME | | |
| STREET ADDRESS | 1960 LANDINGS BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOVACH, FRANK | | NAME | | |
| STREET ADDRESS | 1960 LANDINGS BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TODD, CAROL | | NAME | Todd, Carol | |
| STREET ADDRESS | 1960 LANDINGS BLVD | | STREET ADDRESS | 1960 Landings Blvd | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | Sarasota, FL 34231 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: | | | Dr. Carol Todd 1/17/06 941-927-9000 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |