2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N44907

Entity Name: FINANCING CORPORATION FOR THE SCHOOL BOARD OF LAKE COUNTY, FLORIDA

Current Principal Place of Business:

201 W. BURLEIGH BLVD.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

201 W. BURLEIGH BLVD.
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3512681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POWERS, NOAH M
201 WEST BURLEIGH BOULEVARD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

MACLEOD, CAROL J
201 WEST BURLEIGH BOULEVARD
TAVARES, FL 32778 US

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.

SIGNATURE: CAROL J MACLEOD 07/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARROW, CINDY
Address: 201 W BURLEIGH BLVD.
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: CONNER, JIMMY
Address: 201 W BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: STRONG, SCOTT
Address: 201 W. BURLEIGH BLVD.
City-St-Zip: TAVARES, FL 32778

Title: VP ( ) Delete
Name: FISCHER, KYLEEN
Address: 201 W. BURLEIGH BLDV.
City-St-Zip: TAVARES, FL 32778

Title: P ( ) Delete
Name: METZ, LARRY
Address: 201 W. BURLEIGH BLVD.
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: COWIN, ANNA P
Address: 201 W. BURLEIGH BLVD.
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J MACLEOD RA 07/07/2008
Electronic Signature of Signing Officer or Director Date