

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44907

FILED  
Mar 20, 2009  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: D (X) Change ( ) Addition  
Name: STIVENDER, DEBBIE  
Address: 201 W BURLEIGH BLVD  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: BRANDEBURG, ROSANNE  
Address: 201 W. BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

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

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

Title: S (X) Change ( ) Addition  
Name: MOXLEY, SUSAN  
Address: 201 W. BURLEIGH BLVD.  
City-St-Zip: TAVARES, FL 32778

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

CFO

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date