

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90038 015 ****70.00

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DOCUMENT # N50079

1. Corporation Name

MARION COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business
512 SOUTHEAST THIRD STREET
OCALA FL 34470

Mailing Address
512 SOUTHEAST THIRD STREET
OCALA FL 34470



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/28/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3185728

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JOHN D
512 SOUTHEAST THIRD STREET
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

2/2/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCALES, LESLIE
STREET ADDRESS 512 S.E. THIRD STREET
CITY-ST-ZIP Ocala FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME APPLEQUIST, CHERYL
STREET ADDRESS 512 S E THIRD STREET
CITY-ST-ZIP Ocala FL

2.1 TITLE Chairman ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CAMERON, JAN
STREET ADDRESS 512 SE THIRD STREET
CITY-ST-ZIP Ocala FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Kathryn Rushlow
3.3 STREET ADDRESS 512 S. E. Third Street
3.4 CITY-ST-ZIP Ocala, FL

TITLE D ☐ DELETE
NAME KELLY, JAMES
STREET ADDRESS 512 SE THIRD STREET
CITY-ST-ZIP Ocala FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C ☒ DELETE
NAME KING, DEANA L
STREET ADDRESS 512 S.E. THIRD STREET
CITY-ST-ZIP Ocala FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Ron Crawford
5.3 STREET ADDRESS 512 S. E. Third Street
5.4 CITY-ST-ZIP Ocala, FL

TITLE ST ☐ DELETE
NAME SMITH, JOHN
STREET ADDRESS 512 S.E. THIRD STREET
CITY-ST-ZIP Ocala FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 620-7702

CR2E037 (11/98)