

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90081 004 \*\*\*\*61.25

**DOCUMENT # N51460**

1. Entity Name

**LEON COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**



Principal Place of Business

**301 S MONROE ST  
5TH FLOOR  
TALLAHASSEE FL 32301**

Mailing Address

**301 S MONROE ST  
5TH FLOOR  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 726**

**ATTN: Frances Graham**

Suite, Apt. #, etc.

**Suite, Apt. #, etc.  
2nd Floor Room 222**

City & State

**City & State  
Tallahassee FL**

4. FEI Number

**59-3152204**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32302**

**Leon**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAULS, JANE  
3640 LUTHER HALL RD.  
TALLAHASSEE FL 32310**

Name

**THAELL, CLIFF**

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

**9601 MICOSUKEE RD #59**

City

**TALLAHASSEE**

**FL**

Zip Code  
**32310**

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

*[Signature]*

**CLIFF THAELL, CHAIRMAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAELL, CLIFF 9601 MICOSUKEE RD #59 TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIPPA, TONY 2631 WHARTON CIRCLE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL PROCTOR 2516 PASCO ST TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACKLEFF, BOB 816 CHERRY ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, DAN 1204 FIRETHORN LANE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOY, RUDY 2324 NAPOLEON BONAPARTE DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAULS, JANE 3640 LUTHER HALL RD TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C.E. "ED" DEPUY JR. 1216 HEMLOCK STREET TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Change <input 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:

*[Signature]*

**CLIFF THAELL, CHAIRMAN**

**2-11-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #