

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90273 014 ****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

**ATTN: FRANCES GRAHAM
PO BOX 726 2ND FLOOR RM 222
TALLAHASSEE FL 32302**

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

ATTN: Frances Graham

**Suite, Apt. #, etc. P.O. Box 726
BOA Tower 4th Floor Room 425**

**City & State
Tallahassee, FL**

Zip

32302

Country

Leon

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3152204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THAELL, CLIFF
9601 MICOSUKEE RD #59
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name **Bill Proctor**

Street Address (P.O. Box Number is Not Acceptable)
2516 Pasco Street

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

Bill Proctor

Bill Proctor, Chairman

2/28/06

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, 2006**

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 **D** ☐ Delete
NAME **SAULS, JANE**
STREET ADDRESS **3640 LUTHER HALL RD**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ Delete
NAME **GRIPPA, TONY**
STREET ADDRESS **2631 WHARTON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☒ Delete
NAME **BILL PROCTOR**
STREET ADDRESS **2516 PASCO ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☐ Delete
NAME **RACKLEFF, BOB**
STREET ADDRESS **816 CHERRY ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **WINCHESTER, DAN**
STREET ADDRESS **1204 FIRETHORN LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Delete
NAME **DUPUY, C.E. JR.**
STREET ADDRESS **1216 HEMLOCK STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Cliff Thae11**
STREET ADDRESS **9601 Miccosukee RD #59**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bill Proctor

Bill Proctor, Chairman

2/28/06