
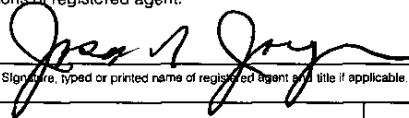



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90327 032 \*\*\*\*61.25

<b>DOCUMENT # N93000001398</b> 1. Entity Name <b>ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION</b>					
Principal Place of Business <b>40 ORANGE ST. ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>40 ORANGE ST. ST. AUGUSTINE, FL 32084</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6000824</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BALBONI, HUGH 40 ORANGE ST. ST. AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent Name <b>Dr. Joseph Joyner</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 Orange Street</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32084</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE <b>4/15/04</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD SLOUGH, BEVERLY</b> <input type="checkbox"/> Delete <b>40 ORANGE ST. SAINT AUGUSTINE, FL 32084</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSBM WRIGHT, CARLA</b> <input type="checkbox"/> Delete <b>40 ORANGE ST. ST. AUGUSTINE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD FEHLING, BILL</b> <input type="checkbox"/> Delete <b>40 ORANGE ST. SAINT AUGUSTINE, FL 32084</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOVELL, DIANE</b> <input type="checkbox"/> Delete <b>40 ORANGE ST. SAINT AUGUSTINE, FL 32084</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SBM ALLEN, THOMAS</b> <input type="checkbox"/> Delete <b>40 ORANGE ST. ST. AUGUSTINE, FL</b>		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/15/04</b> <small>Daytime Phone #</small>		