

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001398

FILED
Jul 09, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:

40 ORANGE ST.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

40 ORANGE ST.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-6000824 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOYNER, DR. JOSEPH
40 ORANGE ST.
ST. AUGUSTINE, FL 32084 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: BMD () Delete
Name: SLOUGH, BEVERLY
Address: 40 ORANGE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DSBM () Delete
Name: WRIGHT, CARLA
Address: 40 ORANGE ST.
City-St-Zip: ST. AUGUSTINE, FL

Title: BMD () Delete
Name: FEHLING, BILL
Address: 40 ORANGE ST.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: MIGNON, BILL
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SBM () Delete
Name: ALLEN, THOMAS
Address: 40 ORANGE ST.
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: THOMAS ALLEN

SBM

07/09/2009

Electronic Signature of Signing Officer or Director

Date