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

ACORANGE ST. ST. AUGUSTINE, FL 32084 Current Mailing Address: 40 ORANGE ST. ST. AUGUSTINE, FL 32084 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: IOYNER DR JOSEPH 40 ORANGE ST. ST. AUGUSTINE, FL 32084 US 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 OPFICERS AND DIRECTORS: Title: BMD () Delete Title: () Change () Addition Name: SLOUGH, BEVERLY Name: SLOUGH, BEVERLY Name: VRIGHT, CARLA Name: WRIGHT, CARLA Name: FEHLING, BILL Name: FEHLING, BILL Name: FEHLING, BILL Name: FEHLING, BILL Name: HIGHON, BILL Name: HIGHON	Current Pi	rincipal Place of Bu	siness:	New Principal Place of Business:		
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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 Title: () Change () Addition Name: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: D () Delete Title: () Change () Addition Name: MIGNON, BILL Name: MIGNON, BILL Address: 40 ORANGE STREET City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: SBM () Delete Title: () Change () Addition Name: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: SBM () Delete Title: () Change () Addition Name: ALLEN, THOMAS Name: ALLEN, THOMAS Name: Address: 40 ORANGE ST.	Name: Address:	SLOUGH, BEVERLY 40 ORANGE ST.	32084	Name: Address:	() Change () Addition	
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	Name: Address:	ALLEN, THOMÁS 40 ORANGE ST.		Name: Address:	() Change () Addition	

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