

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001398

FILED  
Jan 13, 2010  
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 ( )**

**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  
Name: SLOUGH, BEVERLY  
Address: 40 ORANGE ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BILL MIGNON

D

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date