2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N94000000983

Entity Name: SEMINOLE SCHOOL BOARD LEASING CORP.

Current Principal Place of Business:

400 E LAKE MARY BOULEVARD
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

400 EAST LAKE MARY BOULEVARD
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-3228993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOGEL, BILL
400 EAST LAKE MARY BOULEVARD
SANFORD, FL 32773 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: CD ( ) Delete
Name: BAUER, DIANE
Address: 423 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: ROBINSON, SANDY
Address: P.O. BOX 952739
City-St-Zip: LAKE MARY, FL 32795

Title: D ( ) Delete
Name: MORRIS, JEANNE
Address: 1921 WINGFIELD DR.
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: GAINER, BARRY
Address: 1664 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750

Title: VCD ( ) Delete
Name: SCHAFFNER, DEDE
Address: 200 SPRINGSIDE RD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BAUER, DIANE
Address: 423 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: VCD (X) Change ( ) Addition
Name: ROBINSON, SANDY
Address: P.O. BOX 952739
City-St-Zip: LAKE MARY, FL 32795

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

Title: D (X) Change ( ) Addition
Name: POND, SYLVIA
Address: P.O. BOX 521383
City-St-Zip: LONGWOOD, FL 32752

Title: CD (X) Change ( ) Addition
Name: SCHAFFNER, DEDE
Address: 200 SPRINGSIDE RD
City-St-Zip: LONGWOOD, FL 32779

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: DEDE SCHAFFNER CD 02/24/2009

Electronic Signature of Signing Officer or Director Date