

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90429 022 ****70.00

DOCUMENT # N94000001070

1. Entity Name
**HILLSBOROUGH SCHOOL BOARD LEASING
CORPORATION**



Principal Place of Business
**RAYMOND O. SHELTON SCHOOL ADM. BLDG.
901 E. KENNEDY BLVD.
TAMPA, FL 33602**

Mailing Address
**901 E. KENNEDY BLVD.
ATTN: BUDGET DEPT.
TAMPA, FL 33602**

40030000



04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6000660

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELIS, MARYELLEN
RAYMOND O. SHELTON SCHOOL ADM. BLDG.
901 E. KENNEDY BLVD.
TAMPA, FL 33602**

Name
ELIA, MARYELLEN

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MaryEllen Elia

MARYELLEN ELIA, SUPERINTENDENT

4-25-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRICKLENYER, CAROLYN
901 E KENNEDY BLVD
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAMB, JACK R
901 E KENNEDY BLVD
TAMPA, FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LAMB, JACK R
901 E KENNEDY BLVD.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FALIERO, JENNIFER
901 E KENNEDY BLVD
TAMPA, FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ELIA, MARYELLEN
901 E. KENNEDY BLVD.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
APRIL GRIFFIN
901 E KENNEDY BLVD
TAMPA, FL 33602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDGEComb, DORETHA W
901 E KENNEDY BLVD.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAROL W. KURDELL
901 E KENNEDY BLVD
TAMPA, FL 33602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VALDES, SUSAN L
901 E KENNEDY BLVD.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLSON, CANDY
901 E KENNEDY BLVD
TAMPA, FL 33602** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMB, JACK R
901 E KENNEDY BLVD.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

MaryEllen Elia

MaryEllen Elia

4-25-07

(813) 272-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #