

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 047 ****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**

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

01102008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name

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

1/11/08

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, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMB, JACK R	
STREET ADDRESS	901 E. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FALIERO, JENNIFER	
STREET ADDRESS	901 E KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELIA, MARYELLEN	
STREET ADDRESS	901 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGEComb, DORETHA W	
STREET ADDRESS	901 E KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, SUSAN L	
STREET ADDRESS	901 E KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMB, JACK R	
STREET ADDRESS	901 E KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA, FL 33602	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/11/08 (813)272-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40007278

#N94000001070

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FALIERO, JENNIFER
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
KURDELL, CAROL W
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
ELIA, MARYELLEN
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EDGECOMB, DORETHA W
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRIFFIN, APRIL
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAMB, JACK R
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
OLSON, CANDY
901 E. KENNEDY BLVD.
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VALDES, SUSAN L
901 E. KENNEDY BLVD.
TAMPA, FL 33602