
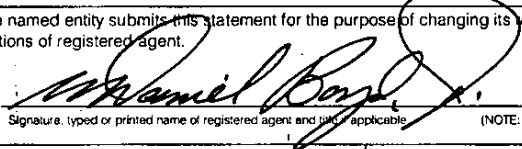
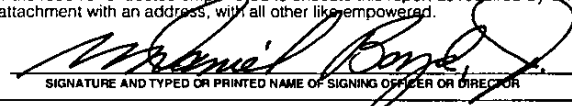


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90057 001 ****61.25

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # N94000005007 | | | |  | |
| 1. Entity Name ALACHUA COUNTY SCHOOL BOARD LEASING CORPORATION | | | | | |
| Principal Place of Business 620 E UNIVERSITY AVE GAINESVILLE, FL 32601 | | | Mailing Address 620 E UNIVERSITY AVE GAINESVILLE, FL 32601 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3279327 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAMBERS, MARY L 620 E UNIVERSITY AVE GAINESVILLE, FL 32601 | | | 7. Name and Address of New Registered Agent Name W. DANIEL BOYD, JR. Street Address (P.O. Box Number is Not Acceptable) 620 E UNIVERSITY AVE City GAINESVILLE FL 32601 | | |
| 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  | | | | | |
| Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$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 D NAME CHILDS, VIRGINIA STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DV NAME TURNER-PINKOSON, TINA STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE DP NAME TURNER-PINKOSON, TINA STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE DP NAME SHARPE, BARBARA J STREET ADDRESS 620 E UNIVERSITY AVENUE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE D NAME JANIE S. WILLIAMS STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME EUBANK, WESLEY STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE DV NAME EUBANK, WESLEY STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME CAWTHON, JEANNINE STREET ADDRESS 620 E UNIVERSITY AVENUE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE D NAME EILEEN F ROY STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE ST NAME CHAMBERS, MARY L STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | TITLE ST NAME W DANIEL BOYD, JR STREET ADDRESS 620 E UNIVERSITY AVE CITY-ST-ZIP GAINESVILLE, FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |

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01102005 Chg-NP CR2E037 (10/03)