

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005007

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** ALACHUA COUNTY SCHOOL BOARD LEASING CORPORATION

**Current Principal Place of Business:**

620 E UNIVERSITY AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

620 E UNIVERSITY AVE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3279327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOYD, W. DANIEL JR  
620 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601 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: DP ( ) Delete  
Name: CHILDS, VIRGINIA  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: TURNER-PINKOSON, TINA  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: DV ( ) Delete  
Name: WILLIAM, JANIE S  
Address: 620 E UNIVERSITY AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: EUBANK, WESLEY  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: ROY, EILEEN F  
Address: 620 E UNIVERSITY AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: ST ( ) Delete  
Name: BOYD, W. DANIEL JR  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CHILDS, VIRGINIA  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: DV (X) Change ( ) Addition  
Name: TURNER-PINKOSON, TINA  
Address: 620 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: DP (X) Change ( ) Addition  
Name: WILLIAM, JANIE S  
Address: 620 E UNIVERSITY AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

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

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

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

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: W. DANIEL BOYD, JR.

ST

07/07/2008

Electronic Signature of Signing Officer or Director

Date