

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 034 ****61.25

DOCUMENT # N95000000861

1. Entity Name
MONROE SCHOOL BOARD LEASING CORP.



Principal Place of Business
**241 TRUMBO ROAD
KEY WEST, FL 33040 US**

Mailing Address
**241 TRUMBO ROAD
KEY WEST, FL 33040 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0728948

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PADGET, JOHN R
241 TRUMBO RD
KEY WEST, FL 33040**

Name **ACEVEDO, RANDY**

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

City **KEY WEST**

FL Zip Code
33040

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

Randy Acevedo

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

(NOTE: Registered Agent signature required when reinstating)

3/7/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **D** ☒ Delete
NAME **LABRADA, PATRICK G**
STREET ADDRESS **241 TRUMBO ROAD**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☐ Change ☒ Addition
NAME **Mathewson, R. Duncan III**
STREET ADDRESS **241 Trumbo Road**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **V** ☐ Delete
NAME **GRIFFITHS, ANDY**
STREET ADDRESS **241 TRUMBO ROAD**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☒ Change ☐ Addition
NAME **Griffiths, Andy**
STREET ADDRESS **241 Trumbo Road**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **D** ☐ Delete
NAME **WALKER, DEBRA**
STREET ADDRESS **241 TRUMBO ROAD**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **V** ☒ Change ☐ Addition
NAME **Walker, Debra**
STREET ADDRESS **241 Trumbo Road**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **D** ☐ Delete
NAME **COHAN, ANNE K**
STREET ADDRESS **241 TRUMBO ROAD**
CITY-ST-ZIP **KEY WEST, FL 33040**

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

TITLE **C** ☐ Delete
NAME **QUINN, EILEEN**
STREET ADDRESS **241 TRUMBO ROAD**
CITY-ST-ZIP **KEY WEST, FL 33040**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Eileen Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

305-293-1400

Daytime Phone #