2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000905

1. Entity Name
HENDRY COUNTY SCHOOL BOARD LEASING CORP.

Principal Place of Business	Mailing Address
111 CURRY STREET LABELLE, FL 33935	P O BOX 1980 LABELLE, FL 33975 US

02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6000641
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, THOMAS W
111 CURRY STREET
LABELLE, FL 33935

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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 _____ 2-6-06
Signature required of the listed newly registered agent and/or president (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERRY, JOHN JR
STREET ADDRESS	105 MYRTLE LANE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	LANGFORD, PATRICK B
STREET ADDRESS	P.O. BOX 122
CITY-ST-ZIP	LABELLE, FL 33975
TITLE	D
NAME	BERG, EVA S
STREET ADDRESS	ROUTE 3, BOX 1000-D
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	BROWN, DWAYNE E
STREET ADDRESS	607 DELLA TOBIAS AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	MURPHY, RICHARD A
STREET ADDRESS	ROUTE 1,BOX 46D
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	S
NAME	CONNER, THOMAS W
STREET ADDRESS	111 CURRY STREET
CITY-ST-ZIP	LABELLE, FL 33935

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03/02/06-00023-004 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 2-6-06 (863) 674-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #