## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N96000003386

Entity Name

MANATEE SCHOOL BOARD LEASING CORPORATION



FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90053 047 \*\*\*\*70.00

Principal Place of Business 215 MANATEE AVE. WEST ATTN. SUPERINTENDENT BRADENTON, FL 34205		Mailing Address PO BOX 9069 BRADENTON, FL 34206 US				012 10112 SINN BOK BON AT		1 JI 20 1 JI 10 1 10 JI 2 1	
Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<b>3</b> .		01222008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Num 65-06	ber 78006		<del> </del>	oplied For ot Applicable
Zip	Country	Zip	Cou	untry	5. Certifica	te of Status Desired	×	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name ai	nd Address of New	Registered	d Agent	
DEARING,	POGER			Name					
C/O SCHO 215 MANA	OL BOARD OF MANATEE CO TEE AVE. WEST	YTAUC		Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34205				City			F	Zip Cod	e
	named entity submits this statement for	r the purpose of chang	ing its register	ed office or re	egistered agent, or b	ooth, in the State of F	lorida. Lar	n familiar with,	and accept
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SIGNATURE _	•								<u></u>
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent argnature r	required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		on Campaign F Fund Contribut		\$5.00 May Added to Fed	, , ,		ck payable t artment of S	P 4
40	•								
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	ERS AND D	DIRECTORS IN	l 10
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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 suppliemental 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 employered 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 TYPEDOR PRINTED NAME OF SIGNING OF

Deaning

1-30.08

941-708-870

Daytime Phone #