

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90033 019 ****61.25

DOCUMENT # N96000006471

1. Entity Name

SANTA ROSA SCHOOL BOARD LEASING CORPORATION



Principal Place of Business

**603 CANAL STREET
MILTON FL 32570**

Mailing Address

**C/O PAUL R. GREEN
PO BOX 605
MILTON FL 32570**

54011464



MOORE CR2E037 (11/03)

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

59-3433444

Applied For

Not Applicable

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

**ROGERS, JOHN W
3015 GREYSTONE DR.
MILTON FL 32571**

Name

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

City

FL

Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **D** ☐ Delete
NAME **SMITH, KENNETH E**
STREET ADDRESS **5700 CAMELIA AVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DP** ☐ Delete
NAME **WINKLES, EDWARD H**
STREET ADDRESS **5684 NICKLAUS LANE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete
NAME **COLEMAN, DIANE**
STREET ADDRESS **9400 OCTAVIA LN**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **DV** ☐ Delete
NAME **SIMPSON, JOANN J**
STREET ADDRESS **5059 FAIRCLOTH ST**
CITY-ST-ZIP **MILTON FL 32571**

TITLE **D** ☐ Delete
NAME **GRAY, EDWARD III**
STREET ADDRESS **92 CHANTECLAIRE CIR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **S** ☐ Delete
NAME **RODGERS, JOHN W**
STREET ADDRESS **3015 GREYSTONE DR.**
CITY-ST-ZIP **MILTON FL 32571**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04

994-5446