

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90400 012 \*\*\*\*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**

30008063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3433444**

Applied For

Not Applied

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. 6033 Arnie's Way  
MILTON FL 32571 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 acc 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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH E	
STREET ADDRESS	5700 CAMELIA AVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLES, EDWARD H	
STREET ADDRESS	5684 NICKLAUS LANE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COLEMAN, DIANE	
STREET ADDRESS	8400 OCTAVIA LN	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, JOANN J	
STREET ADDRESS	5059 FAIRCLOTH ST	
CITY-ST-ZIP	MILTON FL 32571	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAY, EDWARD III	
STREET ADDRESS	92 CHANTECLAIRE CIR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODGERS, JOHN W	
STREET ADDRESS	3015 GREYSTONE DR.	
CITY-ST-ZIP	MILTON FL 32571	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DP Diane Coleman	
STREET ADDRESS	9507 Acorn Lane	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Ed Gray, III	
STREET ADDRESS	1 Gray Oaks Lane	
CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Rogers, John	
STREET ADDRESS	6033 Arnie's Way	
CITY-ST-ZIP	Milton FL 32570	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

850-983-5010