
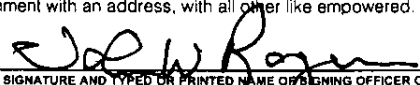


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90044 034 ****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		
2. Principal Place of Business - No P.O. Box # 5086 Canal Street		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Milton FL		City & State		4. FEI Number 59-3433444	
Zip 32570		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERS, JOHN W 6033 ARNIE'S WAY MILTON, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5086 Canal Street City Milton FL Zip Code 32570		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME SMITH, KENNETH E STREET ADDRESS 5700 CAMELIA AVE CITY-ST-ZIP MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE D NAME Scott, Diane STREET ADDRESS 5710 Munson Hwy. CITY-ST-ZIP Milton, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME WINKLES, EDWARD H STREET ADDRESS 5684 NICKLAUS LANE CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME COLEMAN, DIANE STREET ADDRESS 9507 ACORN LN CITY-ST-ZIP NAVARRE, FL 32566	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SIMPSON, JOANN J STREET ADDRESS 5059 FAIRCLOTH ST CITY-ST-ZIP MILTON, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GRAY, EDWARD III STREET ADDRESS 1 GRAY OAKS LN CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ROGERS, JOHN STREET ADDRESS 6033 ARNIE'S WAY CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE S NAME Rogers, John STREET ADDRESS 5086 Canal St. CITY-ST-ZIP Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3-7-07 850-983-5010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		