


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006471 1. Entity Name SANTA ROSA SCHOOL BOARD LEASING CORPORATION	
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Principal Place of Business 5086 CANAL STREET MILTON, FL 32570	Mailing Address C/O PAUL R. GREEN PO BOX 605 MILTON, FL 32570
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04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROGERS, JOHN W
5086 CANAL STREET
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000937649 05/27/08-80060-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DIANE 5710 MUNSON HWY. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINKLES, EDWARD H 5684 NICKLAUS LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEMAN, DIANE 9507 ACORN LN NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, JOANN J 5059 FAIRCLOTH ST MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, EDWARD III 1 GRAY OAKS LN GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, JOHN 5086 CANAL STREET MILTON, FL 32570

**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:  **4/25/08 850-983-5010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #