


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

19008701

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 029 ****61.25

DOCUMENT # N97000000742					
1. Entity Name ORANGE COUNTY SCHOOL BOARD LEASING CORPORATION					
Principal Place of Business 445 WEST AMELIA STREET ORLANDO, FL 32801		Mailing Address 445 WEST AMELIA STREET ORLANDO, FL 32801			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3437224	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent KRUPPENBACHER, FRANK 445 WEST AMELIA STREET ELC-9 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <i>Frank Kruppenbacher</i>		General Counsel <i>Frank Kruppenbacher</i>		DATE 1-23-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	ARKIN, SUSAN LANDIS	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME		445 WEST AMELIA STREET		NAME	SHEA, TIMOTHY
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	445 W. AMELIA STREET
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D	CARRIER, BERTON R	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME		445 WEST AMELIA STREET		NAME	MARTIN, JIM
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	445 W. AMELIA STREET
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D	JUDGE, ROACH "RICK"	<input type="checkbox"/> Delete	TITLE	D
NAME		445 W. AMELIA STREET		NAME	ANNE GEIGER
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	445 W. AMELIA ST
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D	GORDON, KATHLEEN	<input type="checkbox"/> Delete	TITLE	RECEIVED
NAME		445 W AMELIA ST		NAME	
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	CADLE, JOIE	<input type="checkbox"/> Delete	TITLE	APR 19 2005
NAME		445 WEST AMELIA STREET		NAME	
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	ARDEMAN, KAREN	<input type="checkbox"/> Delete	TITLE	OCPS
NAME		445 W. AMELIA STREET		NAME	ACCOUNTS PAYABLE
STREET ADDRESS		ORLANDO, FL 32801		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	ARDAMAN, KAREN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	ARDAMAN, KAREN
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>[Signature]</i>		DATE: 1-31-05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

14003022



01132005 Chg-NP CR2E037 (10/03)

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE *Frank Kruppenbacher* General Counsel *Frank Kruppenbacher* DATE **1-23-05**

Filing Fee is \$61.25
Due by May 1, 2005

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	ARKIN, SUSAN LANDIS <input checked="" type="checkbox"/> Delete
NAME		445 WEST AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	CARRIER, BERTON R <input checked="" type="checkbox"/> Delete
NAME		445 WEST AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	JUDGE, ROACH "RICK" <input type="checkbox"/> Delete
NAME		445 W. AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	GORDON, KATHLEEN <input type="checkbox"/> Delete
NAME		445 W AMELIA ST
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	CADLE, JOIE <input type="checkbox"/> Delete
NAME		445 WEST AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	ARDEMAN, KAREN <input type="checkbox"/> Delete
NAME		445 W. AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	SHEA, TIMOTHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		445 W. AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	MARTIN, JIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		445 W. AMELIA STREET
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE	D	ANNE GEIGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		445 W. AMELIA ST
STREET ADDRESS		ORLANDO, FL 32801
CITY-ST-ZIP		
TITLE		RECEIVED <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		APR 19 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		OCPS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		ACCOUNTS PAYABLE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		ARDAMAN, KAREN <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **1-31-05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR