

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90036 010 ****61.25

40008541



01082007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-3437224				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KRUPPENBACHER, FRANK 445 WEST AMELIA STREET ELC-9 ORLANDO, FL 32801			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		<i>Frank Kruppenbacher, General Counsel - Frank Kruppenbacher</i> Signature, typed or printed name of registered agent and title if applicable		1-9-07 DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHEA, TIMOTHY		NAME	ANNE GEIGER			
STREET ADDRESS	445 W. AMELIA STREET		STREET ADDRESS	445 W. AMELIA ST			
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL 32801			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARTIN, JIM		NAME	DARYL FLYNN			
STREET ADDRESS	445 W. AMELIA STREET		STREET ADDRESS	445 W. AMELIA ST			
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL 32801			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUDGE, ROACH "RICK"		NAME				
STREET ADDRESS	445 W. AMELIA STREET		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, KATHLEEN		NAME				
STREET ADDRESS	445 W AMELIA ST		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CADLE, JOIE		NAME				
STREET ADDRESS	445 WEST AMELIA STREET		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARDAMAN, KAREN		NAME				
STREET ADDRESS	445 W. AMELIA STREET		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP				
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: <i>Karen Ardaman</i>		Date: <i>1-9-07</i>		Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							