

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002052

FILED
Feb 18, 2008
Secretary of State

Entity Name: CLAY SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:

900 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

900 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLENCOURT, CAROL
900 WALNUT ST.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

STUDDARD, CAROL
900 WALNUT ST.
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE: CAROL STUDDARD

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN ZANT, CHARLES E JR
Address: POST OFFICE BOX 2206
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: VALLENCOURT, CAROL
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: STUDDARD, CAROL
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: BOLLA, WAYNE
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: GRAHAM, LISA
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL STUDDARD

D

02/18/2008

Electronic Signature of Signing Officer or Director

Date