

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005418

FILED
Feb 01, 2008
Secretary of State

Entity Name: LEON SCHOOL BOARD LEASING CORPORATION

Current Principal Place of Business:

2757 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2757 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-3508174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONS, JACKIE
2757 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COSTIGAN, SHEILA
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD () Delete
Name: CRUMPLER, DEE
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: ST () Delete
Name: MONTFORD, WILLIAM
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: BOWEN, GEORGIA M
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: PD () Delete
Name: LEWIS, MAGGIE
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: VARN, FRED
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: CRUMPLER, DEE
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: ST (X) Change () Addition
Name: PONS, JACKIE
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD (X) Change () Addition
Name: BOWEN, GEORGIA M
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D (X) Change () Addition
Name: LEWIS, MAGGIE
Address: 2757 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

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: JACKIE PONS

ST

02/01/2008

Electronic Signature of Signing Officer or Director

Date