


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90011 028 ****61.25


DOCUMENT # N98000001062	
1. Entity Name FLAGLER SCHOOL BOARD LEASING CORPORATION	

Principal Place of Business 3039 HWY 100 EAST BUNNELL, FL 32110	Mailing Address PO BOX 755 BUNNELL, FL 32110
---	--

2. Principal Place of Business - No P.O. Box # 1769 Moody Blvd.	3. Mailing Address
Suite, Apt. #, etc. Building 2	Suite, Apt. #, etc.
City & State Bunnell, Florida	City & State
Zip 32110	Country USA

6. Name and Address of Current Registered Agent	
TANT, TOMMY D 3039 HWY 100 EAST BUNNELL, FL 32110 XXXXXXXXXXXX	
1769 Moody Blvd., Bldg. 2 Bunnell, FL 32110	

40031847



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3494691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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.

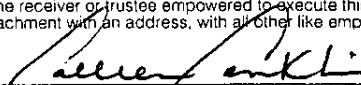
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	VC CONKLIN, COLLEEN 3039 HWY 100 EAST PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P Conklin, Colleen 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, EDDIE JR 3039 HWY 100 EAST PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Palmer 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINES, JAMES T DR 3039 HWY 100 EAST PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guines, James T. Dr. 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELBRUGGE, BILL 3039 HIGHWAY 100 EAST PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Delbrugge, Bill 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C DICKINSON, SUE 3039 HWY 100 EAST PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dickinson, Sue 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELLENBERGER, EVELYN 3039 HWY 100 EAST PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Shellenberger, Evelyn 1769 Moody Blvd., Building 2 Bunnell, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Colleen Conklin** (386) 437-7526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #