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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:32

DOCUMENT # 755390 (2)

1. Corporation Name
THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US	6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1980
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2112091 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZARICKI, LESLIE
6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ZONA, JOHN	1.2 NAME	DOUG ANDERSON
STREET ADDRESS	111 RIVERSIDE AVE.	1.3 STREET ADDRESS	3432 VICTORIA PARK RD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL.
TITLE	VPD	2.1 TITLE	VICE PRESIDENT/SECRETARY ☐ Change ☒ Addition
NAME	ANDERSON, DOUG	2.2 NAME	LYNN BLASGER
STREET ADDRESS	3432 VICTORIA PARK RD	2.3 STREET ADDRESS	6050 OAKBROOK CT.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL.
TITLE	DT	3.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	HALL, ANGIE	3.2 NAME	TRUDY PEREZ-POVEDA
STREET ADDRESS	6326 CRANBERRY LANE, W.	3.3 STREET ADDRESS	8287 WOODGROVE RD.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32256
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	ZARICKI, LESLIE	4.2 NAME	LESLIE ZARICKI
STREET ADDRESS	8118-8 BAYMEADOWS CR E	4.3 STREET ADDRESS	10625 QUAIL RIDGE DR.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	ST AUGUSTINE, FL. 32095
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Zaricki Leslie Zaricki 1/25/95 (904) 724-0102
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020004