


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755390 (2) 1. Corporation Name THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.			
Principal Place of Business 6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US		Mailing Address 6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-7233 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent ZARICKI, LESLIE THE DEPAUL SCHOOL 6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211			
10. Name and Address of New Registered Agent 81 Name Gayle Florence 82 Street Address (P.O. Box Number is Not Acceptable) The Depaul School 83 6620 Arlington Expressway 84 City Jacksonville FL 85 Zip Code 32211			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Rhonda A. Dolan</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	ANDERSON, DOUG		
STREET ADDRESS	3432 VICTORIA PARK RD		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	MC NAMARA, MIKE		
STREET ADDRESS	2276 FALLEN TREE DR., E		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	HALL, ANGIE		
STREET ADDRESS	6326 CRANBERRY LANE, W.		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	DOLAN, RHONDS		
STREET ADDRESS	14053 BROKEN BOW DR., S		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RUSSELL, NANCY		
STREET ADDRESS	760 TIDEWATER CT		
CITY - ST - ZIP	PONTE VEDRA BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SNIDER, THERESA		
STREET ADDRESS	251 ARLIA LANE		
CITY - ST - ZIP	JACKSONVILLE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Director-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME	Nancy Landau		
1.3 STREET ADDRESS	3003 Bridgestone Drive		
1.4 CITY - ST - ZIP	Jacksonville, Florida 32216 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	Director-Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	133 Deer Haven Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing 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: <i>Rhonda A. Dolan</i> 4-11-97 367-2691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004499			



CR2E037 (9/96)