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FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

3. Date Incorporated or Qualified

12/05/1980

4. FEI Number

59-2112091

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORENCE, GAYLE
THE DEPAUL SCHOOL
6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME ANDERSON, DOUG
STREET ADDRESS 3432 VICTORIA PARK RD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME President
1.3 STREET ADDRESS Rhonda Dolan
1.4 CITY-ST-ZIP 14053 Broken Bow Drive South
Jacksonville, FL 32225

TITLE VP ☐ DELETE
NAME MC NAMARA, MIKE
STREET ADDRESS 2276 FALLEN TREE DR., E
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME HALL, ANGIE
STREET ADDRESS 6326 CRANBERRY LANE, W.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Lorraine Allaire
3.3 STREET ADDRESS 4226 Stourhead Lane
3.4 CITY-ST-ZIP Jacksonville, FL 32225

TITLE DS ☐ DELETE
NAME DOLAN, RHONDS
STREET ADDRESS 14053 BROKEN BOW DR., S
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Diane Probst
4.3 STREET ADDRESS 14333 Falconhead Drive
4.4 CITY-ST-ZIP Jacksonville, FL 32224

TITLE D ☒ DELETE
NAME RUSSELL, NANCY
STREET ADDRESS 133 DEER HAVEN DR.
CITY-ST-ZIP PONTE VEDRA BEACH FL

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Toni Krehel
5.3 STREET ADDRESS 1181 Salt Marsh Circle
5.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☒ DELETE
NAME SNIDER, THERESA
STREET ADDRESS 261 ARLIA LANE
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE Director ☐ Change ☒ Addition
6.2 NAME Linda Stout
6.3 STREET ADDRESS 221 Magnolia Street
6.4 CITY-ST-ZIP Atlantic Beach, FL 32233

14. I 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:

[Signature]

2-4-98

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CR2E037 (10/97)