FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755390

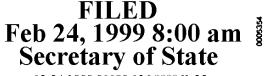
1. Corporation Name

THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

Principal Place of Business 6620 ARLINGTON EXPRESSWAY Mailing Address

JACKSONVILLE FL 32211

6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211



02-24-1999 90089 036 ****61.25



2. Principal P	lace of Business	2a. Mailing Address 26			3. Date Incorporated or Qualifed 12/05/1980			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For	
22		27			59-2112091	Not	Applicable	
City & Stat	e	City & State			5. Certifcate of Status Desired	\$8.75 A		
23		28			5. Certificate of Status Desired	Fee Rec	uired	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00 May Be		
24	25	29 30)		Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
FLORENCE, GAYLE				82 Street Address (P.O. Box Number is Not Acceptable)				
THE DEPAUL SCHOOL								
6620 ARLINGTON EXPRESSWAY								
			0.4	City		85 Zip C	ode	
JACKSONVILLE FL 32211			84	City	FL		000	
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 never 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 rymle of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	•		1.2 NAME					
STREET ADDRESS	The second secon			TADDRESS [
CITY-ST-ZIP	JACKSONVILLE FL 32225			T-ZIP				
TITLE	VP DELETE		2.1 TITLE	-		[7] Change	Addition	
NAME	VF		2.2 NAME			7-	ŧ	
STREET ADDRESS				T ADDRESS				
			2. 4 CITY-5	i i	20016		Ì	
CITY-ST-ZIP	JACKSONVILLE FL © DELETE		3.1 TITLE	31-24-		Change	X Addition	
	S ALLANDE LODDAINE	X orași.	3.2 NAME	ŀ	S		11	
NAME	ALLAINE, LONINAINE			Cratem, George III				
STREET ADDRESS	4220 STOOMILAD LANC			- 1	15442 Woodwind Terrace			
CITY-ST-ZIP	JACKSONVILLE FL 32225	ILLE I E VELLO		ST-ZIP	Jacksonville, FL 32277	□ Change	☐ Addition	
TITLE		FT DEFEIE	4.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	- و٠٠٠٠٠ مي		
NAME	PROBST, DIANE		4. 2 NAME				i	
STREET ADDRESS	11000 17120 011112			TADDRESS			1	
CITY-ST-ZIP	JACKSONVILLE FL 32224	E DOLOTE	4.4 CITY-S	T-ZIP		☐ Change	X Addition	
TITLE	D	∑ DELETE	5.1 TITLE		D Stont Tindo	C. Grange	M. Marianii	
NAME	KREHEL, TONI		5.2 NAME		Stout, Linda			
STREET ADDRESS			•		221 Magnolia Street			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082) 	5.4 CITY-5	T-ZIP	Atlantic Beach, FL 322		E. Addition	
TITLE	D	X ☐ DELETE	6.1 TTLE		D	Change	Addition	
NAME	SNIDER, THERESA		6.2 NAME		Benoit, Robert			
STREET ADDRESS	251 ARALIA LANE		6.3 STREE	TADDRESS	1460 River Hills Circle	East	!	
CITY_ST_7ID	IACKSONIVILLE EL		6.4 CITY-S	T-ZIP	Tackgonwille FT 32211			

14. Thereby 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, with all other like empowered.

Treasurer

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

724-0102 (904)