

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

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

005394

DOCUMENT # 755390

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/05/1980

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

9. Name and Address of Current Registered Agent

FLORENCE, GAYLE
THE DEPAUL SCHOOL
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 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

Gayle Florence

1-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME DOLAN, RHONDA
STREET ADDRESS 14053 BROKEN BOW DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE S
NAME ALLAIRE, LORRAINE
STREET ADDRESS 4226 STOURHEAD LANE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE T
NAME PROBST, DIANE
STREET ADDRESS 14333 FALCONHEAD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D
NAME KREHEL, TONI
STREET ADDRESS 1181 SALT MARSH CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D
NAME SNIDER, THERESA
STREET ADDRESS 251 ARAIA LANE
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
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

S
Cratem, George III
5442 Woodwind Terrace
Jacksonville, FL 32277

D
Stout, Linda
221 Magnolia Street
Atlantic Beach, FL 32233

D
Benoit, Robert
1460 River Hills Circle East
Jacksonville, FL 32211

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, with all other like empowered.

SIGNATURE:

Diane Probst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Probst - Treasurer

1/14/99

Date (904) 724-0102 Daytime Phone #

CR2E037 (11/98)