

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90007 027 ****61.25

DOCUMENT # 755390

1. Entity 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**

94003925



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2112091

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANE, GAYLE F
THE DEPAUL SCHOOL
6620 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **X S** ☐ Delete
NAME **DOLAN, RHONDA**
STREET ADDRESS **14053 BROKEN BOW DRIVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Don Cameron**
STREET ADDRESS **50 N. Laura St. #3000**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D** ☐ Delete
NAME **DATZ, LAWRENCE**
STREET ADDRESS **9123 TRENT WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Change ☒ Addition
NAME **Karen Cole**
STREET ADDRESS **330 E Bay St. Suite 227**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D** ☒ Delete
NAME **KERN, SUSAN**
STREET ADDRESS **7250 OAKMONT CIR.**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Change ☒ Addition
NAME **Elana Schrader**
STREET ADDRESS **253 Linkside Circle**
CITY-ST-ZIP **Ponte Vedra Bch FL 32082**

TITLE **D** ☐ Delete
NAME **UMBERGER, KATHRYN**
STREET ADDRESS **1854 RIVER RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Rob DeAngelis**
STREET ADDRESS **1018 Shipwatch Dr E**
CITY-ST-ZIP **Jacksonville FL 32225**

TITLE **P** ☐ Delete
NAME **JENKS, THOMAS**
STREET ADDRESS **200 W FORSYTH ST #1400**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **D** ☐ Change ☒ Addition
NAME **Barbara Young**
STREET ADDRESS **1137 Cleveland St**
CITY-ST-ZIP **Jacksonville FL 32209**

TITLE **V** ☐ Delete
NAME **AMARO, KEN.**
STREET ADDRESS **3875 FERNGLEN DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE **D** ☐ Change ☒ Addition
NAME **Steele Gudal**
STREET ADDRESS **8864 Atlantic Blvd**
CITY-ST-ZIP **Jacksonville FL 32211**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Florence Cane, President

1/14/04 9047290102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #