



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90038 002 \*\*\*\*70.00

<b>DOCUMENT # 755390</b> 1. Entity Name <b>THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.</b>					
Principal Place of Business <b>6620 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US</b>			Mailing Address <b>6620 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03242008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2112091</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CANE, GAYLE F THE DEPAUL SCHOOL 6620 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>			7. Name and Address of New Registered Agent Name <b>Connie S. Korte</b> Street Address (P.O. Box Number is Not Acceptable) <b>The DePaul School</b> <b>6620 Arlington Expressway</b> City <b>Jacksonville</b> FL    Zip Code <b>32211</b>		
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 <i>Connie S. Korte</i> <b>Connie S. Korte - Head of School</b> <b>3/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMERON, DONALD 50 N LAURA ST #3000 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DATZ, LAWRENCE 4348 SOUTHPOINT BLVD. SUITE 330 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRADER, ELANA 253 LINKSIDE CIRCLE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMBERGER, KATHRYN 6724 EPPING FOREST WAY N JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Terry Algire</b> <b>PO Box 40103</b> <b>Jacksonville FL 32203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKS, THOMAS 245 RIVERSIDE AVE SUITE 400 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMARO, KEN 7841 FEATHER OAKS DRIVE JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Connie S. Korte</i> <b>Connie S. Korte</b> <b>3/24/08</b> <b>904 725-1028</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					