

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755390

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-2112091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KORTE, CONNIE S
THE DEPAUL SCHOOL
6620 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CAMERON, DONALD
Address: 50 N LAURA ST #3000
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: DATZ, LAWRENCE
Address: 4348 SOUTHPPOINT BLVD. SUITE 330
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SCHRADER, ELANA
Address: 253 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ALGIRE, TERRY
Address: PO BOX 40103
City-St-Zip: JACKSONVILLE, FL 32203

Title: P () Delete
Name: JENKS, THOMAS
Address: 245 RIVERSIDE AVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: V () Delete
Name: AMARO, KEN
Address: 7841 FEATHER OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: SCHRADER, ELANA
Address: 253 LINKSIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VC#2 (X) Change () Addition
Name: HIEB, GREGORY
Address: 8580 HUNTERS CREEK DR. N.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: JENKS, THOMAS
Address: 245 RIVERSIDE AVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VC#1 (X) Change () Addition
Name: AMARO, KEN
Address: 7841 FEATHER OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE KORTE

SH

03/19/2009

Electronic Signature of Signing Officer or Director

Date