

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007217

FILED
Jun 15, 2005
Secretary of State

Entity Name: THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP, INC.

Current Principal Place of Business:

4019 BOULEVARD CENTER DRIVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4019 BOULEVARD CENTER DRIVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3562981 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHULTZ, FREDERICK H
118 W. ADAMS ST., STE. 600
JACKSONVILLE, FL 32202 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: D () Delete
Name: FRYER, JOHN C JR
Address: 1701 PRUDENTIAL DR
City-St-Zip: JAX, FL 322078182

Title: D () Delete
Name: BARTON, PAULA T
Address: 392 SOUTH BLVD. E
City-St-Zip: MACLENNY, FL 32063

Title: D () Delete
Name: LOCKETT, EARLENE
Address: 6210 WOODLAWN CRT
City-St-Zip: JAX, FL 32209

Title: D () Delete
Name: GENTRY, W.C. ESQ.
Address: P.O. BOX 837
City-St-Zip: JACKSONVILLE, FL 32201

Title: D () Delete
Name: NEWTON, RUSSELL B JR.
Address: 111 RIVERSIDE AVE STE 140
City-St-Zip: JAX, FL 32202

Title: O () Delete
Name: WILKINSON, SUSAN S ED.D.
Address: 4019 BOULEVARD CENTER DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SNYDER, NANCY
Address: 1701 PRUDENTIAL DR
City-St-Zip: JAX, FL 322078182

Title: D (X) Change () Addition
Name: HASKELL, PRESTON
Address: PO BOX 44100
City-St-Zip: JACKSONVILLE, FL 32231

Title: D (X) Change () Addition
Name: DELANEY, JOHN
Address: 4567 ST. JOHNS BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN PRENDERGAST

CFO

06/15/2005

Electronic Signature of Signing Officer or Director

Date