2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# N98000007217

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:	SNYDER, NANCY	
Address:	1701 PRUDENTIAL DR	
City-St-Zip:	JAX, FL 322078182	
Title:	D	( ) Delete
Name:	HASKELL, PRESTON	
Address:	PO BOX 44100	
City-St-Zip:	JACKSONVILLE, FL 32231	
Title:	D	( ) Delete
Name:	DELANEY, JOHN	
Address:	4567 ST. JOHNS BLUFF ROAD	
City-St-Zip:	JACKSONVILLE, FL 32224	
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:	WISE, JOEY	
Address:	1701 PRUDENTIAL DR	
City-St-Zip:	JAX, FL 322078182	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	TWOMEY, KEVIN	
Address:	245 RIVERSIDE AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32207 V	
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 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: BRIAN PRENDERGAST VP 05/19/2006

Electronic Signature of Signing Officer or Director — Date