2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
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 ( )**

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:	MILLIGAN, JAMES W	
Address:	6705 LINFORD LANE	
City-St-Zip:	JACKSONVILLE, FL 32217	
Title:	D	( ) Delete
Name:	HASKELL, PRESTON	
Address:	PO BOX 44100	
City-St-Zip:	JACKSONVILLE, FL 32231	
Title:	D	( ) Delete
Name:	PRATT-DANNALS, ED	
Address:	1701 PRUDENTIAL DRIVE, 6TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	GENTRY, W.C. ESQ.	
Address:	136 EAST BAY STREET, STE 300	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	NEWTON, RUSSELL B JR.	
Address:	P.O. BOX 52898	
City-St-Zip:	JAX, FL 32201	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BRADY, TERRIE	
Address:	1601 ATLANTIC BOULEVARD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BRYAN, J.F. IV	
Address:	ONE INDEPENDENT DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32202	

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: BRIAN PRENDERGAST CFO 04/14/2009

Electronic Signature of Signing Officer or Director — Date