

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000007217

FILED
Nov 12, 2014
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 ()

Name and Address of Current Registered Agent:

MILLIGAN, JAMES W
4019 BOULEVARD CENTER DRIVE
JACKSONVILLE, FL 32207 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: JAMES W MILLIGAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MILLIGAN, JAMES W
Address: 6705 LINFORD LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: NEWTON, RUSSELL JR
Address: PO BOX 52898
City-St-Zip: JACKSONVILLE, FL 32201

Title: D
Name: RAULERSON, SHERRIE
Address: 329 SOUTH BLVD. EAST
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: GIANOULIS-HEALD, DEBORAH
Address: 2070 OAK HAMMOCK DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D
Name: HERBERT, ADAM W
Address: 4544 GLEN KERNAN PARKWAY EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: BRYAN, J.F. IV
Address: ONE INDEPENDENT DRIVE, STE 3201
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: BRIAN PRENDERGAST

CFO

11/12/2014

Electronic Signature of Signing Officer or Director

Date