

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755390

Entity Name: THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**3044 S. SAN PABLO ROAD
JACKSONVILLE, FL 32224**Current Mailing Address:**3044 S. SAN PABLO ROAD
JACKSONVILLE, FL 32224 US**FEI Number:** 59-2112091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLIVEIRA, AMBER K. DR.
THE DEPAUL SCHOOL
3044 S. SAN PABLO ROAD
JACKSONVILLE, FL 32224 US*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:** AMBER K. OLIVEIRA

02/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title HEAD OF SCHOOL
Name OLIVEIRA, AMBER K. DR.
Address 3044 SAN PABLO ROAD S
City-State-Zip: JACKSONVILLE FL 32224

Title PRESIDENT
Name HOLTERMANN, PETER
Address P.O. BOX 2073
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name BROCATO, JOHN
Address 901 OCEAN BLVD
UNIT 8
City-State-Zip: ATLANTIC BEACH FL 32233

Title TREASURER
Name MINCER, BECKY
Address 501 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name GREEN, RAYMOND
Address 7350 FAIRWAY OAKS COURT
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name MANGIN, FRANK
Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name CULPEPPER, ROSY
Address 12381 PLEASANT PARK DRIVE N
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name VOTAW, KELLI
Address 185 N. ROSCOE BLVD.
City-State-Zip: PONTE VEDRA BEACH FL 32082

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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: AMBER OLIVEIRA

02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BARNARD, NANCY
Address 4440 MERRIMAC AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name SHOUP, CRAIG
Address 1 INDEPENDENT DRIVE
SUITE 120
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RAVNBORG, RIKKE
Address 5150 BELFORT RD S
BUILDING 600
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name DELKS, GREG
Address 12735 GRAN BAY PARKWAY
SUITE 150
City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR
Name DUDLEY, CHANLEY
Address 1850 SHADOWLAWN ST
City-State-Zip: JACKSONVILLE FL 32205