

2019 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:** Yes**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:** DR. AMBER K. OLIVEIRA

04/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SKINNER, ALLEN
Address 4469 ORTEGA FOREST DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title HEAD OF SCHOOL
Name OLIVEIRA, AMBER K. DR.
Address 3044 S. SAN PABLO ROAD
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 TREASURER
Name MINCER, BECKY
Address 501 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HIEB, GREGORY
Address 8580 HUNTERS CREEK DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name LITTLEJOHN, REGINA
Address 6325 IAN CHAD DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name BROCATO, JOHN
Address 12207 COASTAL HIGHWAY
City-State-Zip: OCEAN CITY MD 21842

Title DIRECTOR
Name GREEN, RAYMOND
Address 5022 GATE PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

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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: DR. AMBER K. OLIVEIRA

HEAD OF SCHOOL

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUERRERO, CHRISTIE
Address 9191 R.G. SKINNER PKWY
SUITE 703
City-State-Zip: JACKSONVILLE FL 32256

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

Title DIRECTOR
Name HAMRICK, ROSANNA
Address 7681 SENTRY OAK CIR W
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name THOROGOOD - SCHMITT, CHRISTINE
DR.
Address 916 EAST PLEASANT PLACE
City-State-Zip: ST. JOHN'S FL 32259