

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 755390

**Entity Name:** THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

9750 DEER LAKE COURT  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

9750 DEER LAKE COURT  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-2112091

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OLIVEIRA, AMBER K. DR.  
THE DEPAUL SCHOOL  
9750 DEER LAKE COURT  
JACKSONVILLE, FL 32246 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

09/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title HEAD OF SCHOOL  
Name OLIVEIRA, AMBER K. DR.  
Address 9750 DEER LAKE COURT  
City-State-Zip: JACKSONVILLE FL 32246

Title EX-OFFICIO MEMBER/PAST  
PRESIDENT  
Name MANGIN, FRANK  
Address 111 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

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

Title PRESIDENT  
Name DUDLEY, CLARA (CHANLEY)  
Address 2121 PARK STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name CARVER, TRINA  
Address 2239 ST. JOHNS AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name COPELAND, KEVIN  
Address 8258 HEDGEWOOD DR.  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name CROWLEY, CHRISTINE  
Address 830 A1A N 13-623  
City-State-Zip: PONTE VEDRA FL 32082

Title SECRETARY  
Name GAGLIONE, LORI  
Address 408 4TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

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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

HEAD OF SCHOOL

09/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           KOLBENSCHLAG, DAN  
Address        3194 KENSINGTON ROAD  
City-State-Zip: AVONDALE ESTATES GA 30002

Title           DIRECTOR  
Name           POTTER, NICOLE  
Address        13130 PREMIUM ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title           DIRECTOR  
Name           CSAR, TREY  
Address        3535 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title           DIRECTOR  
Name           HEIDEN, MEGAN  
Address        804 ALHAMBRA DRIVE S.  
City-State-Zip: JACKSONVILLE FL 32207

Title           DIRECTOR  
Name           MCNAIR, LUKE  
Address        50 NORTH LAURA STREET  
                  SUITE 1000  
City-State-Zip: JACKSONVILLE FL 32202

Title           DIRECTOR  
Name           SHERMAN, BLAIR SISISKY  
Address        4035 ALHAMBRA DR. W  
City-State-Zip: JACKSONVILLE FL 32207

Title           DIRECTOR  
Name           YOST, CHRIS  
Address        13759 HIDDEN OAKS LANE  
City-State-Zip: JACKSONVILLE FL 32225