

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006546

**Entity Name:** MCDUFF QALICB, INC.

**Current Principal Place of Business:**

1440 N. MCDUFF AVENUE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

1440 N. MCDUFF AVENUE  
JACKSONVILLE, FL 32254

**FEI Number:** 27-3004832

**Certificate of Status Desired:** No

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

F&L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202-5017 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title M  
Name KIPP JACKSONVILLE, INC.  
Address 501 RIVERSIDE AVENUE, SUITE 500  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name SCHWARTZ, RYAN A  
Address 912 SARATOGA DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title D  
Name KANE, MATTHEW R  
Address 6817 SOUTHPOINT PARKWAY, STE 1502  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name MILTON, JOHN DJR.  
Address 501 RIVERSIDE AVE., STE 500  
City-State-Zip: JACKSONVILLE FL 32202

Title OTHER, EXECUTIVE DIRECTOR  
Name MAJDANICS, TOM  
Address 1440 N. MCDUFF AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

*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:** RYAN A. SCHWARTZ

**CHAIRMAN**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date