

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000007217

**Entity Name:** THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP,  
INC.

**Current Principal Place of Business:**

4019 BOULEVARD CENTER DRIVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4019 BOULEVARD CENTER DRIVE  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3562981

**Certificate of Status Desired:** No

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

ARAB, CHRISTINE  
4019 BOULEVARD CENTER DRIVE  
JACKSONVILLE, FL 32207 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:** CHRISTINE ARAB

07/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | D                           |
| Name            | ARAB, CHRISTINE             |
| Address         | 1521 PENMAN RD              |
| City-State-Zip: | NEPTUNE BEACH FL 32266      |
| Title           | D                           |
| Name            | COMMANDER, CHARLIE          |
| Address         | 4019 BOULEVARD CENTER DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32207       |
| Title           | DIRECTOR                    |
| Name            | COOK, GAIL                  |
| Address         | 1708 PHILLIPS MANOR RD      |
| City-State-Zip: | FERNANDINA BEACH FL 32034   |
| Title           | DIRECTOR                    |
| Name            | BRADY, TERRI                |
| Address         | 1601 ATLANTIC BLVD.         |
| City-State-Zip: | JACKSONVILLE FL 32207       |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | D                               |
| Name            | BRYAN, J.F. IV                  |
| Address         | ONE INDEPENDENT DRIVE, STE 3201 |
| City-State-Zip: | JACKSONVILLE FL 32202           |
| Title           | DIRECTOR                        |
| Name            | GENTRY, WC                      |
| Address         | 4019 BOULEVARD CENTER DRIVE     |
| City-State-Zip: | JACKSONVILLE FL 32207           |
| Title           | DIRECTOR                        |
| Name            | HEIDEN, MEGAN                   |
| Address         | 225 WATER STREET<br>SUITE 1800  |
| City-State-Zip: | JACKSONVILLE FL 32202           |
| Title           | DIRECTOR                        |
| Name            | BARRERA, KELLY                  |
| Address         | 40 ORANGE STREET                |
| City-State-Zip: | ST. AUGUSTINE FL 32084          |

**Continues on page 2**

*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:** SIMMIE RAIFORD

**EXECUTIVE DIRECTOR**

07/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER, EXECUTIVE DIRECTOR  
Name RAIFORD, SIMMIE  
Address 4019 BOULEVARD CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name SCHERER, JOSEPH  
Address 1860 SAN MARCO BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name JAMES, STEPHANIE  
Address 4019 BOULEVARD CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name BASS, LESTER  
Address 4019 BOULEVARD CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name BROWN, TIA  
Address 4019 BOULEVARD CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32207

Title SENIOR ACCOUNTANT  
Name DENGLE, SHAWN  
Address 4019 BOULEVARD CENTER DRIVE  
City-State-Zip: JACKSONVILLE FL 32207