

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007217

Entity Name: THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP, INC.**FILED**
Apr 29, 2025
Secretary of State
5803314182CC**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:**BRYAN, J.F.
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: J.F. BRYAN IV****04/29/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BRYAN, J.F. IV
Address	ONE INDEPENDENT DRIVE, STE 3201
City-State-Zip:	JACKSONVILLE FL 32202

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

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 SUITE 1800
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	BARRERA, KELLY
Address	40 ORANGE STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

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

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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: SHAWN P DENGLER**CONTROLLER****04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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