

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007217

**Entity Name:** THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP, INC.**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**5880875938CC****Current Principal Place of Business:**4019 BOULEVARD CENTER DRIVE  
JACKSONVILLE, FL 32207**Current Mailing Address:**4019 BOULEVARD CENTER DRIVE  
JACKSONVILLE, FL 32207**FEI Number: 59-3562981****Certificate of Status Desired: Yes****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**02/17/2022**

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	CFO
Name	PRENDERGAST, BRIAN
Address	4019 BOULEVARD CENTER DRIVE
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 SUITE 1800
City-State-Zip:	JACKSONVILLE FL 32202
Title	DIRECTOR
Name	BRADY, TERRI
Address	1601 ATLANTIC BLVD.
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:** BRIAN PRENDERGAST**CFO****02/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BASS, LESTER  
Address 501 WEST ADAMS STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name BROWN, TIA  
Address 4019 BOULEVARD CENTER DRIVE  
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 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