2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 17, 2024
Secretary of State
9078925019CC

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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:

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 04/17/2024

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 SR. ACCOUNTING DIRECTOR 04/17/2024

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