

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

DOCUMENT# N98000007217

**Entity Name:** THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP, INC.**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC8718366904****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: No****Name and Address of Current Registered Agent:**MILLIGAN, JAMES W  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	MILLIGAN, JAMES W
Address	6705 LINFORD LANE
City-State-Zip:	JACKSONVILLE FL 32217

Title	D
Name	ARAB, CHRISTINE
Address	1521 PENMAN RD
City-State-Zip:	NEPTUNE BEACH FL 32266

Title	D
Name	NEWTON, RUSSELL JR
Address	PO BOX 52898
City-State-Zip:	JACKSONVILLE FL 32201

Title	D
Name	RAULERSON, SHERRIE
Address	329 SOUTH BLVD. EAST
City-State-Zip:	MACCLENNY FL 32063

Title	CEO
Name	GIANOULIS-HEALD, DEBORAH
Address	2070 OAK HAMMOCK DRIVE
City-State-Zip:	PONTE VEDRA FL 32082

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

Title	D
Name	COMMANDER, CHARLIE
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

**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: BRIAN PRENDERGAST****CFO****03/17/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOWER, KAREN  
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 SERKIN, HOWARD  
Address 4417 BEACH BLVD.  
SUITE 302  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name BRADY, TERRI  
Address 1601 ATLANTIC BLVD.  
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 DIRECTOR  
Name YOHE, KATHLEEN  
Address 1639 CHALLEN AVENUE  
City-State-Zip: JACKSONVILLE FL 32205