**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 15, 2019**
**Secretary of State**
**5212373679CC**

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

**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 01/15/2019

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 | BOWER, KAREN |
| 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 | 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 | 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 |

**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 01/15/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | BRADY, TERRI |
| Address | 1601 ATLANTIC BLVD. |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DAVIS, ADDISON |
| Address | 900 WALNUT STREET |
| City-State-Zip: | GREEN COVE SPRINGS FL 32043 |

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

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

| | |
|---|---|
| Title | SECRETARY |
| Name | GIANOULIS, DEBORAH |
| Address | 2070 OAK HAMMOND DRIVE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |