

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007217

Entity Name: THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP, INC.**FILED**
Feb 23, 2015
Secretary of State
CC6841099446**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	NEWTON, RUSSELL JR
Address	PO BOX 52898
City-State-Zip:	JACKSONVILLE FL 32201

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

Title	D
Name	COMMANDER, CHARLIE
Address	4019 BOULEVARD CENTER DRIVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	D
Name	HERBERT, ADAM W
Address	4544 GLEN KERNAN PARKWAY EAST
City-State-Zip:	JACKSONVILLE FL 32224

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

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

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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****02/23/2015**

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 WOODCOCK, NICK
Address 4019 BOULEVARD CENTER DRIVE
City-State-Zip: JACKSONVILLE FL 32207

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

Title CFO
Name PRENDERGAST, BRIAN
Address 4019 BOULEVARD CENTER DRIVE
City-State-Zip: JACKSONVILLE FL 32207