2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007217

Entity Name: THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP,

May 08, 2013 **Secretary of State** CC3811742175

FILED

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:

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 Title D

Name MILLIGAN, JAMES W Name NEWTON, RUSSELL JR

Address 6705 LINFORD LANE Address PO BOX 52898

City-State-Zip: JACKSONVILLE FL 32217 City-State-Zip: JACKSONVILLE FL 32201

Title Title D

Name EDELMAN, DAN Name GENTRY, W.C.

Address 6622 SOUTHPOINT DRIVE SOUTH, Address 136 EAST BAY STREET

STE 495 SUITE 300

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32202

Title D Title D

Name BRYAN, J.F. IV Name HERBERT, ADAM W

ONE INDEPENDENT DRIVE, STE 3201 Address Address 4544 GLEN KERNAN PARKWAY EAST

City-State-Zip: JACKSONVILLE FL 32202 JACKSONVILLE FL 32224 City-State-Zip:

CEO Title

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

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: DEBORAH GIANOULIS-HEALD

CEO

05/08/2013