FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746276** **(5)**

1. Corporation Name

THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SER VICE INSTITUTE, INC.

Principal Place of Business	Mailing Address
4567 ST. JOHNS BLUFF ROAD SOUTH DANIELS BLDG. ROOOM 1377 JACKSONVILLE FL 32224-9645	4567 ST. JOHNS BLUFF ROAD SOUTH DANIELS BLDG. ROOOM 1377 JACKSONVILLE FL 32224-9645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-1982921 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HERBERT, ADAM W. 7679 HOLLYRIDGE CIRCLE JACKSONVILLE, FL 32256	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	HEALY, THOMAS	12 NAME	
STREET ADDRESS	4567 ST. JOHN BLUFF	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LING, ALAN	22 NAME	
STREET ADDRESS	4567 ST. JOHNS RD. S.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	BULLOCK, CURTIS	32 NAME	Anderson, Linda H.
STREET ADDRESS	2745 COVE VIEW DR. S.	33 STREET ADDRESS	4567 St. Johns Bluff Road, S.
CITY-ST-ZIP	JACKSONVILLE, FL 32000	34 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HERBERT, ADAM W.	42 NAME	
STREET ADDRESS	7679 HOLLYRIDGE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	SMITH, JANET	52 NAME	Fagin, Robert F.
STREET ADDRESS	4567 ST JOHNS BLUFF RD	53 STREET ADDRESS	4567 St. Johns Bluff Road, S.
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, EDWARD	62 NAME	
STREET ADDRESS	4567 ST. JOHNS BLUFF RD	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adam W. Herbert 7/14/95 (904) 646-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Adam W. Herbert

0025039