

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746276 (5)

1. Corporation Name

THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.

Principal Place of Business

Mailing Address

4567 ST. JOHNS BLUFF ROAD SOUTH
DANIELS BLDG. ROOM 1377
JACKSONVILLE FL 32224-9645

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DANIELS BLDG. ROOM 1377
JACKSONVILLE FL 32224-9645



3. Date Incorporated or Qualified

03/16/1979

4. FEI Number

59-1982921

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERBERT, ADAM W
4567 ST JOHNS BLUFF RD S
DANIELS BLDG ROOM 2533
JAX FL 32242

81 Name

Fretwell, E.K.

82 Street Address (P.O. Box Number is Not Acceptable)

4567 St. Johns Bluff Road South

83

Daniels Bldg, Room 2533

84 City

Jacksonville

FL

85 Zip Code

32224

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

E. K. Fretwell, Interim President

6/9/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEALY, THOMAS	
STREET ADDRESS	4567 ST. JOHN BLUFF	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLINE, DAVID	
STREET ADDRESS	4567 ST JOHNS BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LINDA H	
STREET ADDRESS	4567 ST JOHNS BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, ADAM W	
STREET ADDRESS	4567 ST JOHNS BLUFF RD SO	
CITY-ST-ZIP	JAX FL 45	

4.1 TITLE	Interim President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fretwell, E.K.	
4.3 STREET ADDRESS	4567 St. Johns Bluff Road, South	
4.4 CITY-ST-ZIP	Jacksonville, FL 32224	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAGIN, ROBERT F	
STREET ADDRESS	4567 ST JOHNS BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLAIRE, PIERRE N	
STREET ADDRESS	4567 ST JOHNS BLUFF RD SO	
CITY-ST-ZIP	JAX FL 45	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

E. K. Fretwell

4/27/98 (904) 620-2500

CR2E037 (10/97)