

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90195 010 ****70.00

DOCUMENT # 746276 1. Entity Name THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.					
Principal Place of Business 4567 ST. JOHNS BLUFF ROAD SOUTH JJ DANIEL BLDG RM 1800 JACKSONVILLE, FL 32224			Mailing Address 4567 ST. JOHNS BLUFF ROAD SOUTH JJ DANIEL BLDG RM 1800 JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1982921	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELANEY, JOHN A 4567 ST JOHNS BLUFF RD SOUTH JACKSONVILLE, FL 32224				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>John A. Delaney</u>  DATE <u>2/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALES, MAURICIO <input type="checkbox"/> Delete 4567 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gonzalez, Mauricio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELANEY, JOHN A <input type="checkbox"/> Delete 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ANDERSON, LINDA H <input type="checkbox"/> Delete 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLINE, A. DAVID <input checked="" type="checkbox"/> Delete 4567 ST JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Giordano, Gerard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4567 St. Johns Bluff Road South Jacksonville, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUMAN, SHARI <input type="checkbox"/> Delete 4567 ST JOHNS BLUFF RD JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLAIRE, PIERRE N <input type="checkbox"/> Delete 4567 ST JOHNS BLUFF RD SO JAX, FL 45		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacksonville, FL 32224	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John A. Delaney</u>  DATE <u>2/22/05</u> 904-620-2500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT
40024191
University of North Florida
TRAINING & SERVICES INSTITUTE, INC.
J.J. Daniel Hall, Room 1800 • (904) 620-2790
CHECK REQUISITION

Copy - Pansy
746276 - Rose
TFA
Separate Check

I. Check Information and Justification:

Date: 02/22/2005

Check Payable To: Florida Department of State

Check Amount \$ 70.00

Address: Div. of Corporations/P.O. Box 1500

Social Security No. _____

City, State ZIP: Tallahassee, FL 32302-1500

or

Instructions: Submit this completed form and one copy

Federal Employer I.D. No. 50001146

Description of Goods or Services:

For 2005 Not-For-Profit Corporation Annual Report - Training & Services Institute

Document # 746276

Benefit Higher Education: _____

II. Account/Department Information and Authorization:

Account No. 01-00-01-000 Account Name: TSI/Foundation Accounting

Requested by: Rose Avery Department: TSI/Foundation Accounting Extension: 2790

Authorized by:

Typed Name: Beverly Evans

Signature: Beverly Evans 2/22/05
Date

Second Authorization (Required if Payee and Authorized by are same person):

Typed Name: _____ Second Signature: _____

Date

III. Check Distribution:

☒ Mail check. (Note: Original and one copy of receipt(s) or invoice. The copy will be mailed with check.)

☐ Call to pick up check. (Name) _____ Ext. _____

Call one of the following UNF departments for check pick-up:

☐ Follett Bookstore

☐ UNF Cashier's Office

☐ UNF Ticket Box Office

☐ Chartwell's

☐ UNF Parking Services

☐ UNF Travel Office

☐ UNF Auxiliary Services

☐ UNF Payroll Office

☐ University Center

☐ UNF Information Technology Services

☐ UNF Physical Facilities

(Note: Dept. Check Req. copy will be mailed to the department)

☐ Other: _____

TRAINING & SERVICES INSTITUTE ACCOUNTING USE ONLY

Check Stub			Invoice Distribution	
Description	Amount	Invoice	G/L Code	Amount
UNF TSI/FDN	70	702005	6003	70 -
UNF/TSI - Doc # 746276				
Total Amount: \$ <u>70</u>			Total Amount: \$ <u>70 -</u>	

Make copies before filing.

No. Copies:

- 1-Non-cash Fringe benefit
- 1-IRS 1099 (GL5101, etc.)
- 1-Prepaid Expenses (GL1820)
- 2-Fixed Asset (GL5359)
- 2-Moving Expenses (GL6350)

Prepared by

Date

Approval for DE

Date

Trace No. 317

Check No. _____

Date: _____

TSI Accounting Management Approval
Required if \$15,000 or greater.

Date

Received by: _____ Date: _____ /Mailed to Payee (Date): _____