

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 045 ****70.00

DOCUMENT # 746276

1. Entity Name
**THE UNIVERSITY OF NORTH FLORIDA TRAINING AND
SERVICE INSTITUTE, INC.**



40087930

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

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1982921

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANEY, JOHN A
4567 ST JOHNS BLUFF RD SOUTH
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name **SHUMAN, SHARI**

Street Address (P.O. Box Number is Not Acceptable)
4567 ST. JOHNS BLUFF ROAD, SOUTH

City **JACKSONVILLE** **FL** Zip Code **32224**

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

Shari Shuman

4/21/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **SD** ☐ Delete
NAME **GONZALEZ, MAURICIO**
STREET ADDRESS **4567 ST. JOHNS BLUFF ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DELANEY, JOHN A**
STREET ADDRESS **4567 ST JOHNS BLUFF RD S**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☒ Change ☐ Addition
NAME **DELANEY, JOHN A.**
STREET ADDRESS **4567 ST. JOHNS BLUFF ROAD, SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **TD** ☐ Delete
NAME **ANDERSON, LINDA H**
STREET ADDRESS **4567 ST JOHNS BLUFF RD S**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **GIORDANO, GERARD**
STREET ADDRESS **4567 ST JOHNS BLUFF ROAD SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **VP** ☐ Change ☒ Addition
NAME **WORKMAN, MARK**
STREET ADDRESS **4567 ST. JOHNS BLUFF ROAD, SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ Delete
NAME **SHUMAN, SHARI**
STREET ADDRESS **4567 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **P** ☒ Change ☐ Addition
NAME **SHUMAN, SHARI**
STREET ADDRESS **4567 ST. JOHNS BLUFF ROAD, SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ Delete
NAME **ALLAIRE, PIERRE N**
STREET ADDRESS **4567 ST JOHNS BLUFF RD SO**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Shari Shuman

4/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #