

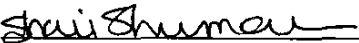
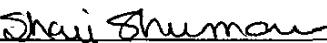


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90254 043 ****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 - No P.O. Box # 1 UNF Drive		3. Mailing Address 1 UNF Drive		40097282 	
Suite, Apt. #, etc. JJ Daniel Bldg Rm 1800		Suite, Apt. #, etc. JJ Daniel Bldg Rm 1800		04282008 Chg-NP CR2E037 (12/06)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-1982921	
Zip 32224		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHUMAN, SHARI 4567 ST JOHNS BLUFF RD ST JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Shuman, Shari Street Address (P.O. Box Number is Not Acceptable) 1 UNF Drive 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  4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete GONZALEZ, MAURICIO 4567 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DELANEY, JOHN A 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete ANDERSON, LINDA H 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SERWATKA, TOM 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHUMAN, SHARI 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLAIRE, PIERRE N 4567 ST JOHNS BLUFF RD SO JACKSONVILLE, FL 32224				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gonzalez, Mauricio 1 UNF Drive Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DeLaney, John A 1 UNF Drive Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anderson, Linda H 1 UNF Drive Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Serwatka, Tom 1 UNF Drive Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Shuman, Shari 1 UNF Drive Jacksonville, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Allaire, Pierre N 1 UNF Drive Jacksonville, FL 32224				
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  4/29/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24373

ATTACHMENT

University of North Florida Training & Services Institute, Inc.

2008 UNF TSI BOARD OF DIRECTORS

Janet Owen, Director
University of North Florida
1 UNF Drive
Jacksonville, FL 32224

D

40097282
746276

Mark Workman, Director
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Beth Mangold
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