2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 746276

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

Current Principal Place of Business:

1 UNF DRIVE
JJ DANIEL BLDG RM 1800
JACKSONVILLE, FL 32224

New Principal Place of Business:

1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224

Current Mailing Address:

1 UNF DRIVE
JJ DANIEL BLDG RM 1800
JACKSONVILLE, FL 32224

New Mailing Address:

1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224

FEI Number: 59-1982921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHUMANY, SHARI
1 UNF DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SHUMAN, SHARI A
1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: SHARI A SHUMAN 04/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GNZALEZ, MAURICO
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: DELANEY, JOHN A
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD ( ) Delete
Name: ANDERSON, LINDA H
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: SERWATKA, TOM
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: P ( ) Delete
Name: STUMAN, SHARI
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: ALLAIRE, PIERRE N
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: GONZALEZ, MAURICO
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SHUMAN, SHARI A
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI A SHUMAN P 04/22/2009
Electronic Signature of Signing Officer or Director Date