

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746276

FILED
Jan 04, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1982921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHUMAN, SHARI A
1 UNF DRIVE
BLDG 53, SUITE 2200
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: GONZALEZ, MAURICO
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

Title: P
Name: SHUMAN, SHARI A
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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

I hereby 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 all other like empowered.

SIGNATURE: SHARI A SHUMAN

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date