2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12266

Secretary of State

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 812 SOUTHARD ST
 249 WEST UNIVERSITY AVE

 P.O. BOX 2571
 SUITE A

 KEY WEST, FL 33045
 GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

812 SOUTHARD ST 249 WEST UNIVERSITY AVE P.O. BOX 2571 SUITE A

KEY WEST, FL 33045 GAINESVILLE, FL 32601

FEI Number: 59-2596359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KILLIAN, GALE
HYATT 601 FRONT ST
KEY WEST, FL 33040 US
HERRERA, ELENA
1111 12TH ST
SUITE 308

KEY WEST, FL 33040 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: ELENA HARRERA 01/15/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Jan 15, 2002 8:00 AM

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 KILLIAN, GALE
 Name:
 HERRERA, ELENA

 Address:
 HYATT 601 FRONT ST
 Address:
 1111 12TH ST , SUITE 308

 City-St-Zip:
 KEY WEST, FL
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: ED () Delete Title: ED (X) Change () Addition

 Name:
 WAITE, BRUCE DR.,
 Name:
 WAITE, BRUCE DR.

 Address:
 27-B BLUE WATER DR
 Address:
 PO BOX 1970

City-St-Zip: KEY WEST, FL City-St-Zip: MELROSE, FL 32666 US

Title: VP () Delete Title: VP (X) Change () Addition Name: ACEVEDO, MONIQUE Name: SCICCHITANO, MIKE

Address: 812 SOUTHARD ST. Address: 3324 TURLINGTONHALL, PO BOX 117325, GRNFLR

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: GAINESVILLE, FL 32611 US

 Name:
 HARNERA, ELENA
 Name:
 MILLER, KAY

 Address:
 1111 12TH ST.
 Address:
 1201 SIMONTON ST

 City-St-Zip:
 KEYWEST, FL 33040
 City-St-Zip:
 KEYWEST, FL 33040 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf (1) Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change (1) Addition}$

 Name:
 RODRIGUEZ, PAULA
 Name:
 RODRIGUEZ, PAULA

 Address:
 7514 MISSION ST.
 Address:
 7514 MISSION ST.

City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: BROOKSVILLE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE WAITE ED 01/15/2002