


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90311 017 ****70.00

DOCUMENT # N12266					
1. Entity Name FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.					
Principal Place of Business 249 WEST UNIVERSITY AVE SUITE A GAINESVILLE, FL 32601		Mailing Address 249 WEST UNIVERSITY AVE SUITE A GAINESVILLE, FL 32601			
2. Principal Place of Business <i>408 West University Ave.</i>		3. Mailing Address <i>408 West University Ave</i>			
Suite, Apt. #, etc. <i>Suite 502</i>		Suite, Apt. #, etc. <i>Suite 502</i>			
City & State <i>Gainesville, FL or. da</i>		City & State <i>Gainesville, FL</i>			
Zip <i>32601</i>	Country <i>USA</i>	Zip <i>32601</i>	Country <i>USA</i>		
4. FEI Number <i>59-2596359</i>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCICCHITANO, MICHAEL 633 NW 8TH STREET, PO BOX 117325 GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>[Signature]</i>		Title <i>President</i>		DATE <i>13 Apr 2005</i>	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRERA, ELENA	NAME			
STREET ADDRESS	1111 12TH ST, SUITE 308	STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOMMERHOFF, MARILYN	NAME			
STREET ADDRESS	19950 OVERSEAS HWY	STREET ADDRESS			
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCICCHITANO, MIKE	NAME			
STREET ADDRESS	633 NW 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, KAY	NAME			
STREET ADDRESS	1201 SIMONTON ST	STREET ADDRESS			
CITY-ST-ZIP	KEYWEST, FL 33040	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KILLIAN, GALE	NAME	<i>Ken Wardlow</i>		
STREET ADDRESS	601 FRONT STREET	STREET ADDRESS	<i>3142 North side drive</i>		
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	<i>Key West, FL 33040</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SWETT, ELIZABETH	NAME	<i>Penny Pearson</i>		
STREET ADDRESS	UF, PO BOX 100175	STREET ADDRESS	<i>WACHOVA BANK</i>		
CITY-ST-ZIP	GAINESVILLE, FL 32610	CITY-ST-ZIP	<i>104 North MAIN Street, Gainesville FL 32601</i>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i>		Date: <i>13 Apr 2005</i>		Daytime Phone #: <i>(352) 846-2079</i>	