

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 01, 2005
Secretary of State**

DOCUMENT# N12266

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.**Current Principal Place of Business:**408 WEST UNIVERSITY AVE
SUITE 110A
GAINESVILLE, FL 32601**New Principal Place of Business:**408 WEST UNIVERSITY AVE
SUITE 110A, FIRST FLOOR
GAINESVILLE, FL 32601**Current Mailing Address:**408 WEST UNIVERSITY AVE
SUITE 110A
GAINESVILLE, FL 32601**New Mailing Address:**408 WEST UNIVERSITY AVE
SUITE 110A, FIRST FLOOR
GAINESVILLE, FL 32601

FEI Number: 59-2596359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SCICCHITANO, MICHAEL
633 NW 8TH STREET, PO BOX 117325
GAINESVILLE, FL 32601 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: VP () Delete
Name: HERRERA, ELENA
Address: 1111 12TH ST , SUITE 308
City-St-Zip: KEY WEST, FL 33040 USTitle: TD () Delete
Name: SOMMERHOFF, MARILYN
Address: 19950 OVERSEAS HWY
City-St-Zip: SUGARLOAF KEY, FL 33042Title: PD () Delete
Name: SCICCHITANO, MIKE
Address: 633 NW 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601 USTitle: D () Delete
Name: MILLER, KAY
Address: 1201 SIMONTON ST
City-St-Zip: KEYWEST, FL 33040 USTitle: EXD () Delete
Name: LIPSKY, STEVE
Address: 408 WEST UNIVERSITY AVENUE, SUITE 502
City-St-Zip: GAINESVILLE, FL 32001Title: D () Delete
Name: PEARSON, PENNY
Address: WACHOVIA BANK 104 NORTH MAN STREET
City-St-Zip: GAINESVILLE, FL 32601**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: SCICCHITANO, MICHAEL
Address: 633 NW 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: WARDLOW, KEN
Address: 3142 NORTH SIDE DRIVE
City-St-Zip: KEY WEST, FL 33040Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCICCHITANO

PD

06/01/2005

Electronic Signature of Signing Officer or Director

Date