

**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended 1 of 2

05 MAY 23 PM 3:51

STATE OF FLORIDA
DEPARTMENT OF REVENUE



DOCUMENT # N12266			
1. Entity Name FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.		Mailing Address 408 WEST UNIVERSITY AVE SUITE 502 GAINESVILLE, FL 32601	
Principal Place of Business 408 WEST UNIVERSITY AVE SUITE 502 GAINESVILLE, FL 32601		Mailing Address 408 WEST UNIVERSITY AVE SUITE 502 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 110A</i>		Suite, Apt. #, etc. <i>Suite 110A</i>	
City & State <i>Gainesville Florida</i>		City & State <i>Gainesville Florida</i>	
Zip <i>32601</i>	Country <i>USA</i>	Zip <i>32601</i>	Country <i>USA</i>
4. FEI Number 59-2596359		Applied For <input type="checkbox"/> 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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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>		DATE: <i>17 MAY 2005</i>	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERA, ELENA 1111 12TH ST, SUITE 308 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100055584491 06/01/05--01062--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOMMERHOFF, MARILYN 19950 OVERSEAS HWY SUGARLOAF KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCICCHITANO, MIKE 633 NW 8TH STREET GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KAY 1201 SIMONTON ST KEYWEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAROLLOW, KEN 3142 NORTH SIDE DRIVE KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Steve Lipsky 408 West University Ave, Suite 502 GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, PENNY WACHOVIA BANK 104 NORTH MAN STREET GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>17 MAY 2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

See Attached Sheet for Additional Directors

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Florida Institute for Workforce Innovation

Attachment to Document # N12266

Additional Board of Directors

**Director
Gale Killion
601 Front Street
Key West, FL 33040**

**Director
Ken Wardlow
3142 North Side Drive
Key West, FL 33040**