2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # N12266 1. Entity Name FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.								3-06-2006 90018	009 ****6]	1.25
408 WEST UNIVERSITY AVE 44 SUITE 110A, FIRST FLOOR SI GAINESVILLE, FL 32601 G.			Mailing Address 408 WEST UNIVERSITY AVE SUITE 110A, FIRST FLOOR GAINESVILLE, FL 32601				4004 			
2. Principal Place of Business 3.			3. Mailing Address					# ### 11 		
Suite, Apt:#;etc:		Suite, Apt. #, etc.					03012006 Ct	ng-NP CR2E	037 (11/05)	
City & State		City & State					4. FEI Number Applied For 59-2596359 Not Applicable			
Zip	Country	Zip Cox		untry		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered	Agent	•			7. Name and Add	ress of New Registere	d Agent	
SCICCUIT	ANO MICHAEL				Name					
SCICCHITANO, MICHAEL 633 NW 8TH STREET, PO BOX 117325 GAINESVILLE, FL 32601					Street Address (P.O. Box Number is Not Acceptable)					
					City			F	L Zip Cod	θ
	named entity submits this statement fo	r the purpo	se of changing its	register	ed office or	register	ed agent, or both, in	the State of Florida. I a	m familiar with,	and accept
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if appli	cable. (NOT	E: Registere	d Agent signatur	re required	when rainstating)	DATI		
	Filling Fee Is \$61.25 Due by May 1, 2006	and title if appli	9. Election Car Trust Fund (mpaign F	inancing	re required	\$5.00 May Be Added to Fees	Make che	eck payable to	
10.	Filing Fee Is \$61.25		9. Election Car	mpaign F	inancing (0	\$5.00 May Be Added to Fees	Make che	ck payable to artment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone ∉