

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED  
Jan 17, 2007  
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

**Current Principal Place of Business:**

408 WEST UNIVERSITY AVE  
SUITE 110A, FIRST FLOOR  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

408 WEST UNIVERSITY AVE  
SUITE 110A, FIRST FLOOR  
GAINESVILLE, FL 32601

**New Mailing Address:**

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

**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:**

SCICCHITANO, MICHAEL  
633 NW 8TH STREET  
GAINESVILLE, FL 32601      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: \_\_\_\_\_

01/17/2007

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 US

Title: TD      ( ) Delete  
Name: SOMMERHOFF, MARILYN  
Address: 19950 OVERSEAS HWY  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: PD      ( ) Delete  
Name: SCICCHITANO, MICHAEL  
Address: 633 NW 8TH STREET  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: S      ( ) Delete  
Name: MILLER, KAY  
Address: 1201 SIMONTON ST  
City-St-Zip: KEYWEST, FL 33040 US

Title: D      ( ) Delete  
Name: WARDLOW, KEN  
Address: 3142 NORTH SIDE DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: D      (X) 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) 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 Chapter 119, 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

01/17/2007

Electronic Signature of Signing Officer or Director

Date