

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED
Mar 13, 2012
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

Current Principal Place of Business:

309 STATE ROAD 26
MELROSE, FL 32666

New Principal Place of Business:

20 WEST UNIVERSITY AVE
STE 206
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 474
MELROSE, FL 32666

New Mailing Address:

PO BOX 13522
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
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: D
Name: GEORGE, ELENA
Address: 1111 12TH ST , SUITE 308
City-St-Zip: KEY WEST, FL 33040 US

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

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

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

Title: VP
Name: STRICKLAND, DEBORAH
Address: 5818 CENTER ST
City-St-Zip: MELROSE, FL 32666

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN L. LESLIE

ED

03/13/2012

Electronic Signature of Signing Officer or Director

Date