

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734137

**Entity Name:** FLORIDA INSTITUTE OF TECHNOLOGY RESEARCH & ENGINEERING, INC.(FITRE)

**Current Principal Place of Business:**

150 W. UNIVERSITY BLVD.  
MELBOURNE, FL 32901-6988

**Current Mailing Address:**

FLORIDA INSTITUTE OF TECHNOLOGY, INC.  
150 W. UNIVERSITY BLVD.  
MELBOURNE, FL 32901-6988 US

**FEI Number: 59-6046500**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NICKLOW, JOHN DR.  
150 W. UNIVERSITY BLVD.  
MELBOURNE, FL 32901 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: DR. JOHN NICKLOW**

**02/16/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	SECRETARY OF CORPORATION
Name	NICKLOW, JOHN DR.	Name	GAMAGE, GRACE
Address	150 W. UNIVERSITY BLVD	Address	150 W. UNIVERSITY BLVD.
City-State-Zip:	MELBOURNE FL 32901-6988	City-State-Zip:	MELBOURNE FL 32901-6988
Title	INTERIM VP FINANCE/ CHIEF FINANCIAL OFFICER		
Name	MCDERMOTT, KATHLEEN		
Address	150 W. UNIVERSITY BLVD.		
City-State-Zip:	MELBOURNE FL 32901-6988		

*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: JOHN NICKLOW**

**PRESIDENT**

**02/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date