

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734137

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

**FILED**  
**Feb 07, 2022**  
**Secretary of State**  
**9675734680CC**

**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:**

JONES, MICHAEL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name MCCAY, T. DWAYNE  
Address 150 W. UNIVERSITY BLVD.  
City-State-Zip: MELBOURNE FL 32901

Title S  
Name CARVALHO, MARCO  
Address 150 W. UNIVERSITY BLVD  
City-State-Zip: MELBOURNE FL 32901-6988

Title TCFO  
Name JONES, MICHAEL  
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: MICHAEL R JONES**

**TREASURER**

**02/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date