

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746276

Entity Name: THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**
Apr 12, 2013
Secretary of State
CC2389716988**Current Principal Place of Business:**1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224**Current Mailing Address:**1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224**FEI Number: 59-1982921****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SHUMAN, SHARI A
1 UNF DRIVE
BLDG 53, SUITE 2200
JACKSONVILLE, FL 32224 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 SD
Name GONZALEZ, MAURICO
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224Title D
Name DELANEY, JOHN A
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224Title TD
Name ANDERSON, LINDA H
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224Title VP
Name SERWATKA, TOM
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224Title P
Name SHUMAN, SHARI A
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224Title D
Name ALLAIRE, PIERRE N
Address 1 UNF DRIVE
City-State-Zip: JACKSONVILLE FL 32224

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: SHARI A SHUMAN**PRESIDENT****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date