

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746276

**Entity Name:** THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC3548489817****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	SECRETARY
Name	GONZALEZ, MAURICIO
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	ANDERSON, LINDA H
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	OWEN, JANET
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	MERCHANT, JOSHUA
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	DELANEY, JOHN A
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	PRESIDENT
Name	SHUMAN, SHARI A
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	SERWATKA, TOM
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	TRAYNHAM, EARLE
Address	1 UNF DRIVE BLDG 53, SUITE 2900
City-State-Zip:	JACKSONVILLE FL 32224

**Continues on page 2**

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 SHUMAN****PRESIDENT****04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RUSSELL, E LANNY  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name MANGOLD, BETH  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name STONE, KAREN  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name SERWATKA, TOM  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name TRAYNHAM, EARLE  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name COBB, JIM  
Address 1 UNF DRIVE  
BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name GOTTLIEB, RACHELLE  
Address 1 UNF DRIVE  
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City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name ASHTON, SHARON  
Address 1 UNF DRIVE  
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