

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746276

Entity Name: THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**
Feb 06, 2019
Secretary of State
8095549853CC**Current Principal Place of Business:**1 UNF DRIVE
HICKS HALL BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224**Current Mailing Address:**1 UNF DRIVE
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224 US**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 TREASURER
Name ANDERSON, LINDA H
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name MCCULLEN, ANN
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name MANGOLD, BETH
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name RUSSELL, E LANNY
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title PRESIDENT
Name SHUMAN, SHARI A
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name CHALLY, PAMELA
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name STONE, KAREN
Address 1 UNF DRIVE
 BLDG 53, SUITE 2900
City-State-Zip: JACKSONVILLE FL 32224Title DIRECTOR
Name SZYMANSKI, DAVID DR.
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****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GONZALEZ, WILLIE
Address 1 UNF DRIVE
 BLDG 53, SUITE 2999
City-State-Zip: JACKSONVILLE FL 32224

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