

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

DOCUMENT# 746276

**Entity Name:** THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**1676086842CC****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 2750  
JACKSONVILLE, FL 32224 US**FEI Number: 59-1982921****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BENNETT, SCOTT  
1 UNF DRIVE  
BLDG 53, SUITE 2750  
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: SCOTT BENNETT****02/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BENNETT, SCOTT
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	PATEL, NIKUL
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	RUSSELL, E LANNY
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	PEASE, ISABEL
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	PATTERSON, KAREN
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	STONE, KAREN
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	MARINATOS, ANTHONY
Address	1 UNF DRIVE BLDG 53, SUITE 2750
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	DUNCAN, HEATHER
Address	1 UNF DRIVE BLDG 53, SUITE 2750
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: SCOTT BENNETT****PRESIDENT****02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 NICHOLS, TERESA  
Address             1 UNF DRIVE  
                      BLDG 53, SUITE 2750  
City-State-Zip:   JACKSONVILLE FL 32224

Title                   DIRECTOR  
Name                 WYNN, RICHMOND  
Address             1 UNF DRIVE  
                      BLDG 53, 2750  
City-State-Zip:   JACKSONVILLE FL 32224