

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746276

**Entity Name:** THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**1619114803CC****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:**BENNETT, SCOTT  
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: SCOTT BENNETT****01/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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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****01/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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