

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746276

Entity Name: THE UNIVERSITY OF NORTH FLORIDA TRAINING AND SERVICE INSTITUTE, INC.**FILED**
Mar 30, 2016
Secretary of State
CC9289371320**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 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 | SECRETARY |
| Name | GONZALEZ, MAURICIO |
| 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 | TREASURER |
| Name | ANDERSON, LINDA H |
| 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 | DIRECTOR |
| Name | OWEN, JANET |
| 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 | MERCHANT, JOSHUA |
| Address | 1 UNF DRIVE BLDG 53, SUITE 2900 |
| City-State-Zip: | JACKSONVILLE FL 32224 |

| | |
|-----------------|------------------------------------|
| Title | DIRECTOR |
| Name | TRAYHAM, EARLE |
| 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: SHARI SHUMAN**PRESIDENT****03/30/2016**

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 GOTTLIEB, RACHELLE
Address 1 UNF DRIVE
BLDG 53, SUITE 2900
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

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