

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED
Feb 10, 2022
Secretary of State
8828470551CC

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

Current Principal Place of Business:

635 NW 6TH STREET
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 13522
GAINESVILLE, FL 32604 US

FEI Number: 59-2596359

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JANOSKI, LYNN
635 NW 6TH STREET
GAINESVILLE, FL 32601 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: LYNN JANOSKI

02/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------|-----------------|---------------------|
| Title | VP | Title | EXECUTIVE DIRECTOR. |
| Name | HALVOSA, WILL | Name | LESLIE, JONATHAN L |
| Address | 635 NW 6TH STREET | Address | 635 NW 6TH STREET |
| City-State-Zip: | GAINESVILLE FL 32601 | City-State-Zip: | GAINEVILLE FL 32601 |

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | TREASURER | Title | PRESIDENT |
| Name | BARKER, ANDREW | Name | JANOSKI, LYNN |
| Address | 635 NW 6TH STREET | Address | 635 NW 6TH STREET |
| City-State-Zip: | GAINESVILLE FL 32601 | City-State-Zip: | GAINESVILLE FL 32601 |

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | DIRECTOR | Title | SECRETARY |
| Name | WOLFE, ANNE PHD | Name | THORNE, LISA |
| Address | 635 NW 6TH STREET | Address | 635 NW 6TH STREET |
| City-State-Zip: | GAINESVILLE FL 32601 | City-State-Zip: | GAINESVILLE FL 32601 |

| | | | |
|-----------------|----------------------------|-----------------|----------------------|
| Title | DIRECTOR | Title | DIRECTOR |
| Name | ABRACZINSKAS, MICHELLE PHD | Name | PORTER, KATHEY |
| Address | 635 NW 6TH STREET | Address | 635 NW 6TH STREET |
| City-State-Zip: | GAINESVILLE FL 32601 | City-State-Zip: | GAINESVILLE FL 32601 |

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: JONATHAN L. LESLIE

EXECUTIVE DIRECTOR

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date