

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED
Mar 24, 2019
Secretary of State
4205035003CC

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: No

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

03/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	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	DIRECTOR	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	VP	Title	TREASURER
Name	KABINU, DUNCAN	Name	TESCH-VAUGHT, KIM
Address	635 NW 6TH STREET	Address	635 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	SIMMONDS, GIGI
Address	635 NW 6TH STREET
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 LESLIE

EXECUTIVE DIRECTOR

03/24/2019

Electronic Signature of Signing Officer/Director Detail

Date