## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

FILED
Mar 20, 2024
Secretary of State
1119594317CC

## **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 03/20/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

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

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

Title VP Title SECRETARY

Name THORNE, LISA Name ABRACZINSKAS, MICHELLE PHD

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 BROWN, MARQUITA
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 L. LESLIE EXECUTIVE DIRECTOR 03/20/2024

Date