

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED
Mar 14, 2016
Secretary of State
CC4874993055

Entity Name: FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.

Current Principal Place of Business:

408 WEST UNIVERSITY AVE
STE 111
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:

SCICCHITANO, MICHAEL
1731 NW 6TH STREET
SUITE A2
GAINESVILLE, FL 32609 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 DIRECTOR
Name SOMMERHOFF, MARILYN
Address 19950 OVERSEAS HWY
City-State-Zip: SUGARLOAF KEY FL 33042

Title PRESIDENT
Name SCICCHITANO, MICHAEL
Address 633 NW 8TH STREET
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name STRICKLAND, DEBORAH
Address 5818 CENTER ST
City-State-Zip: MELROSE FL 32666

Title EXECUTIVE DIRECTOR.
Name LESLIE, JONATHAN L
Address 17763 NW 105 TERRACE
City-State-Zip: ALACHUA FL 32615

Title TREASURER
Name ROWE, JONATHAN
Address 408 WEST UNIVERSITY AVE
STE 111
City-State-Zip: GAINESVILLE FL 32601

Title VP
Name JANOSKI, LYNN
Address 408 WEST UNIVERSITY AVE
STE 111
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY
Name KABINU, DUNCAN
Address 300 E. UNIVERSITY AVE
SUITE 450
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

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date