

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006761

**Entity Name:** INFORMATION TECHNOLOGY INSTITUTE FOR ADVANCED STUDY, INC.

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC9610815484**

**Current Principal Place of Business:**

11768 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11768 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065 US

**FEI Number: 47-1385251**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VOZZOLA, DAVID E  
8688 N.W. 47TH DRIVE  
CORAL SPRINGS, FL 33067 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            DIR.  
Name            VOZZOLA, DAVID E  
Address        8688 N.W. 47TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title            DIR.  
Name            VOZZOLA, DOREEN M  
Address        8688 N.W. 47TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title            DIR.  
Name            BOARD, TERRY  
Address        11768 W. SAMPLE RD.  
City-State-Zip: CORAL SPRINGS FL 33065

*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: DAVID VOZZOLA**

**DIRECTOR**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date