

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

FILED
Jan 29, 2004
Secretary of State**Entity Name:** FLORIDA INSTITUTE FOR WORKFORCE INNOVATION, INC.**Current Principal Place of Business:**249 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601**New Principal Place of Business:****Current Mailing Address:**249 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601**New Mailing Address:****FEI Number:** 59-2596359**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HERRERA, ELENA
1111 12TH ST
SUITE 308
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**SCICCHITANO, MICHAEL
633 NW 8TH STREET, PO BOX 117325
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: MICHAEL SCICCHITANO

01/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRERA, ELENA
Address: 1111 12TH ST, SUITE 308
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: SOMMERHOFF, MARILYN
Address: 19950 OVERSEAS HWY
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: VPD () Delete
Name: SCICCHITANO, MIKE
Address: 633 NW 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD () Delete
Name: MILLER, KAY
Address: 1201 SIMONTON ST
City-St-Zip: KEYWEST, FL 33040 US

Title: D () Delete
Name: KILLIAN, GALE
Address: 601 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HERRERA, ELENA
Address: 1111 12TH ST, SUITE 308
City-St-Zip: KEY WEST, FL 33040 US

Title: TD (X) Change () Addition
Name: SOMMERHOFF, MARILYN
Address: 19950 OVERSEAS HWY
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: PD (X) Change () Addition
Name: SCICCHITANO, MIKE
Address: 633 NW 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D (X) Change () Addition
Name: MILLER, KAY
Address: 1201 SIMONTON ST
City-St-Zip: KEYWEST, FL 33040 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SWETT, ELIZABETH
Address: UF, PO BOX 100175
City-St-Zip: GAINESVILLE, FL 32610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SCICCHITANO

PD

01/29/2004

Electronic Signature of Signing Officer or Director

Date

KEN WARDLOW , DIRECTOR
3142 NORTHSIDE DRIVE
#201
KEY WEST, FL 33040