2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2020
Secretary of State
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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: 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 01/21/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	HALVOSA, WILL
Address	635 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	BARKER, ANDREW
Address	635 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	VP
Name	KABINU, DUNCAN
Address	635 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	WOLFE, ANNE PHD
Address	635 NW 6TH STREET
City-State-Zip:	GAINESVILLE FL 32601

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

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

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

Title	DIRECTOR
Name	THORNE, LISA
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 01/21/2020

Electronic Signature of Signing Officer/Director Detail — Date