

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12266

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	SECRETARY.
Name	MILLER, KAY
Address	1201 SIMONTON ST
City-State-Zip:	KEYWEST FL 33040

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

Title	TREASURER
Name	JANOSKI, LYNN
Address	408 WEST UNIVERSITY AVE STE 111
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****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date