

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010819

**FILED**  
**Feb 13, 2017**  
**Secretary of State**  
**CC0565356393**

**Entity Name:** FLORIDA POLICY INSTITUTE, INC.

**Current Principal Place of Business:**

255 PRIMERA BLVD.  
SUITE 160  
LAKE MARY, FL 32746

**Current Mailing Address:**

255 PRIMERA BLVD.  
SUITE 160  
LAKE MARY, FL 32746 US

**FEI Number:** 47-2759708

**Certificate of Status Desired:** No

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

PENNISI, JOSEPH F  
255 PRIMERA BLVD.  
SUITE 160  
LAKE MARY, FL 32746 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:** JOSEPH F PENNISI

02/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BARANCIK, SCOTT  
Address 245 26TH AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33704

Title DTR  
Name EAVEY, MIREYA  
Address 7131 PROFESSIONAL PARKWAY  
EAST  
City-State-Zip: SARASOTA FL 34240

Title DS  
Name RODRIQUEZ, MARIA  
Address 2800 BISCAYNE BLVD. - SUITE 800  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name THORMAN, DAMIAN  
Address 255 PRIMERA BLVD.  
SUITE 160  
City-State-Zip: LAKE MARY FL 32746

Title CEO  
Name PENNISI, JOSEPH F  
Address 447 FAWN HILL PL.  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name HALLIBURTON, SHEROD  
Address 255 PRIMERA BLVD.  
SUITE 160  
City-State-Zip: LAKE MARY FL 32746

*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:** JOSEPH F. PENNISI

**EXECUTIVE DIRECTOR**

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date