

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010819

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

**Current Principal Place of Business:**

1001 N. ORANGE AVE  
ORLANDO, FL 32801

**Current Mailing Address:**

1001 N. ORANGE AVE  
ORLANDO, FL 32801 US

**FEI Number:** 47-2759708

**Certificate of Status Desired:** No

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

KNIGHT, SADAF K  
1001 N. ORANGE AVE  
ORLANDO, FL 32801 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:** SADAF KNIGHT

04/29/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	CHIEF STRATEGY & DEVELOPMENT OFFICER
Name	KNIGHT, SADAF K	Name	BULLARD, HOLLY
Address	1001 N. ORANGE AVE	Address	1001 N. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, SECRETARY
Name	SCHILLINGER, BRENT M DR.	Name	KAPUCU, NAIM PHD
Address	3100 S. FEDERAL HIGHWAY SUITE 8	Address	UNIVERSITY OF CENTRAL FLORIDA 528 W. LIVINGSTON ST. 440B
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR, VC
Name	GEBON, JASMINE	Name	DEBELDER, ALISON
Address	310 EAST PINE STREET #175	Address	4853 BALLYGAR DRIVE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	TALLAHASSEE FL 32309
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	JACOBY, GRACIELA NORIEGA	Name	DELEO, DANIEL
Address	1940 CANNERY WAY	Address	240 S. PINEAPPLE AVE 9TH FLOOR
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	SARASOTA FL 34236

**Continues on page 2**

*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:** SADAF KNIGHT

CEO

04/29/2026

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CHANDLER, DEBRA  
Address        85 17TH AVE. S.  
City-State-Zip: LAKE WORTH BEACH FL 33460