


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009849
 1. Entity Name
EXCELSIOR CHARTER OF BROWARD, INC.



Principal Place of Business
**21157XFTUNDCBOISPEE
 LBNSBD/GM44432**

Mailing Address
**21157XFTUNDCBOISPEE
 LBNSBD/GM44432**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3521211 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STRADER, MICHAEL G
 10320 NW 6TH STREET
 CORAL SPRINGS, FL 33071**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAR MORALES, MONICA 19706 SW 130 AVENUE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PEREZ, DIEGO 5754 BIRD ROAD MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT NELSON, GALE S 4255 SW 153 TERRACE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA VIZCARRONDO, WANDA E 8611 NW 26TH STREET SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/11/07-80049-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **1/8/07 954-461-6466**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #