

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006904

FILED
Mar 17, 2022
Secretary of State
3155049079CC

Entity Name: EXCELLENCE IN EDUCATION NATIONAL, INC.

Current Principal Place of Business:

215 SOUTH MONROE STREET
SUITE 710
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 10691
TALLAHASSEE, FL 32302 US

FEI Number: 46-3332269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 TREASURER
Name HANDY, F. PHILIP
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY
Name ZACHARIAH, ZACHARIAH P.
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title EXECUTIVE DIRECTOR
Name LEVESQUE, PATRICIA
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name CANTOR, ERIC
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title CHAIRMAN/PRESIDENT
Name BUSH, JOHN E.
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name HASLAM, DEE
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name SIMON, WILLIAM
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name CHARTRAND, GARY
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

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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: PATRICIA LEVESQUE

EXECUTIVE DIRECTOR

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name RAUNER, BRUCE

Address PO BOX 10691

City-State-Zip: TALLAHASSEE FL 32302