

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006904

**FILED**  
**Feb 12, 2021**  
**Secretary of State**  
**8209307007CC**

**Entity Name:** EXCELLENCE IN EDUCATION NATIONAL, INC.

**Current Principal Place of Business:**

215 SOUTH MONROE STREET  
SUITE 420  
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

**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:** PATRICIA LEVESQUE

**EXECUTIVE DIRECTOR**

**02/12/2021**

\_\_\_\_\_  
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