

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002841

Entity Name: EXCELSIOR THEATRICAL FOUNDATION, INC.**Current Principal Place of Business:**10315 NW 2 COURT
MIAMI, FL 33150**Current Mailing Address:**10315 NW 2 COURT
MIAMI, FL 33150**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONDESTIN, EDELINE B
10365 SW 111 STREET
MIAMI, FL 33176 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	P
Name	MANUEL, MIREILLE M
Address	10315 NW 2 COURT
City-State-Zip:	MIAMI FL 33150

Title	S
Name	MANUEL, THAMAR
Address	450 NE 114 STREET
City-State-Zip:	MIAMI FL 33161

Title	T
Name	AUGUSTIN, ANTOMICE
Address	14015 NE 1 AVENUE
City-State-Zip:	MIAMI FL 33161

Title	VP
Name	MONDESTIN, EDELINE B
Address	10365 SW 111 STREET
City-State-Zip:	MIAMI FL 33176

Title	AS
Name	PRINCETON, CHARNEL
Address	20760 NE 4 COURT, APT. 102
City-State-Zip:	MIAMI FL 33179

Title	A
Name	GREGOIRE, JEANNETTE
Address	20619 NW 12 COURT
City-State-Zip:	MIAMI FL 33169

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: MIREILLE M MANUEL**PRESIDENT****03/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date