

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

DOCUMENT# N17000008147

**Entity Name:** EXCELLENTLY EXCELLING SINGLES CENTER, INC.

**Current Principal Place of Business:**

15155 W. COLONIAL DR., UNIT 783812  
WINTER GARDEN, FL 34778

**Current Mailing Address:**

P.O. BOX 585542  
ORLANDO, FL 32858-5542 US

**FEI Number: 17-0000081**

**Certificate of Status Desired: No**

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

KING, DEXTER  
15155 W. COLONIAL DR., UNIT 783812  
WINTER GARDEN, FL 34778 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            PRESIDENT  
Name            WILLIAM, M. LOUISA DR.  
Address        P.O. BOX 585542  
City-State-Zip: ORLANDO FL 32858-5542

Title            OFFICER  
Name            KING, DEXTER  
Address        15155 W. COLONIAL DR., UNIT 783812  
City-State-Zip: WINTER GARDEN FL 34778

Title            OFFICER  
Name            WILLIAMS, MAUREEN V  
Address        P.O. BOX 585542  
City-State-Zip: ORLANDO FL 32585-5542

Title            OFFICER  
Name            DEXTER, DR. VICKIE A  
Address        10124 PLUM CREEK LN., APT. F  
City-State-Zip: CHARLOTTE NC 28210

*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: M. LOUISA WILLIAMS**

**AMBASSADOR DR.**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date