

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N96000005376

Entity Name: EXCELSIOR ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

9675 NW 26TH PL
VILLA #5
SUNRISE, FL 33322

Current Mailing Address:

P.O. BOX 841005
PEMBROKE PINES, FL 33084 US

FEI Number: 65-0701381

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, ALTHEA
10351 WEST HIGHWAY 316
REDDICK, FL 32686 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 D
Name FIDLER, MAUREEN
Address 11440 SW 18 COURT
City-State-Zip: MIRAMAR FL 33029

Title P
Name YOUNG, JASMINE
Address 2243 SW 87 TERRACE
City-State-Zip: MIRAMAR FL 33025

Title S
Name MCKENZIE, KAREN
Address 19710 NW 52ND PLACE
City-State-Zip: MIAMI GARDENS FL 33055

Title T
Name CAMPBELL, DOREEN
Address 8361 N.W. 45TH STREET
City-State-Zip: LAUDERHILL FL 33351

Title VP
Name LEVY, SHERNETTE
Address 9859 NW 27TH COURT
City-State-Zip: PLANTATION FL 33324

Title D
Name BYFIELD, DEBRA
Address 9675 NW 26 PLACE - VILLA 5
City-State-Zip: SUNRISE FL 33322

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: DOREEN CAMPBELL

TREASURER

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date