

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 014 ****61.25

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1. Entity Name
FRIENDS OF EXCELSIOR, INC.



Principal Place of Business
13 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32084

Mailing Address
13 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32084

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

4. FEI Number
03-0487824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASON, OTIS
13 CHRISTOPHER ST.
ST. AUGUSTINE, FL 32084

Correction

Name **MASON, OTIS**
Street Address (P.O. Box Number is Not Acceptable)
13 CHRISTOPHER ST.

City **ST. AUGUSTINE** **FL** Zip Code **32084**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS MASON, OTIS
CITY-ST-ZIP 13 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS BRYANT, JACKQUELINE
CITY-ST-ZIP 904 CHIPPEWA ST
SAINT AUGUSTINE, FL 32086 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS MOTLEY, RUTH
CITY-ST-ZIP 18 SOUTH WHITNEY STREET
ST. AUGUSTINE, FL 32084 ☒ Delete

TITLE
NAME V D
STREET ADDRESS HOLMIDAY, GABRIEL
CITY-ST-ZIP 69 KINGS FERRY WAY
ST. AUGUSTINE, FL 32084 ☐ Change ☒ Addition

TITLE
NAME DT
STREET ADDRESS BRYANT, JACQUELINE
CITY-ST-ZIP 904 CHIPPEWA
ST. AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS RAMSEY, JOYCE
CITY-ST-ZIP 60 PALMER ST
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME SD
STREET ADDRESS RAMSEY-JONES, JOYCE ☒ Change ☐ Addition
CITY-ST-ZIP 60 PALMER ST.
SAINT AUGUSTINE, FL 32084

TITLE
NAME D
STREET ADDRESS MCDADE, DEBBIE
CITY-ST-ZIP 114 BRAVO ST
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OTIS MASON

Date

Daytime Phone #

1/17/08 (904) 824-2978