

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002449

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** FRIENDS OF EXCELSIOR, INC.

**Current Principal Place of Business:**

13 CHRISTOPHER STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

13 CHRISTOPHER STREET  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 03-0487824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, OTIS  
13 CHRISTOPHER ST.  
ST. AUGUSTINE, FL 32084 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASON, OTIS  
Address: 13 CHRISTOPHER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD  
Name: WHITE, HENRY  
Address: 848 WHITE EAGLE CIRCLE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DT  
Name: BRYANT, JACQUELINE  
Address: 904 CHIPPEWA  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD  
Name: RAMSEY-JONES, JOYCE  
Address: 60 PALMER ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D  
Name: MCDADE, DEBBIE  
Address: 114 BRAVO ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: OTIS MASON

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date