2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000534

Address:

City-St-Zip:

Entity Name: EXCEL COMMUNITY DEVELOPMENT CORP

FILED Apr 02, 2007 Secretary of State

Entity Na	me: EXCEL C	OMMUNITY DEVELOPMENT	CORP.		
Current Principal Place of Business:			New Principal Place of Business:		
	ST LARUA STF DLA, FL 32501	REET			
Current Mailing Address:			New Mailing Address:		
	HPOINTE PL DLA, FL 32505				
FEI Number	: 14-1905969	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1508 WES	AW, JOHN BIS ST LARUA STF DLA, FL 32501	REET			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VP () CRENSHAW, J 3001 HIGH PO PENSACOLA, F	INTE PL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () CRENSHAW, J 3001 HIGH PO PENSACOLA, F	INTE PL	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () LEWIS, JANIEC 3665 E. JOHNS PENSACOLA, F	SON AVE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition LEWIS, JANIECE 570 SHILOH DR. PENSACOLA, FL 32503	
Title: Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition MOORE, NICOLE 604 TWO SISTERS WAY PENSACOLA, FL 32503	
Title: Name:) Delete	Title: Name:	D () Change (X) Addition JENNINGS, KIM	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

5052 CASSIA DR.

PENSACOLA, FL 32506

SIGNATURE: JANICE CRENSHAW, PRESIDENT DR. 04/02/2007