2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000534

FILED Sep 01, 2008 Secretary of State

Entity Name: EXCEL COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business: New Principal Place of Business: 1508 WEST LARUA STREET PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 3001 HIGHPOINTE PL P.O. BOX 19053 PENSACOLA, FL 32505 PENSACOLA, FL 32523 FEI Number: 14-1905969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRENSHAW, JOHN BISHOP CRENSHAW, JOHN BISHOP 1508 WEST LARUA STREET 4041 E. OLIVÉ RD. #396 PENSACOLA, FL 32501 PENSACOLA, FL 32514 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: 09/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CRENSHAW, JOHN BISHOP Name: Name: Address: 3001 HIGH POINTE PL Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition CRENSHAW, JANICE DR. Name: Name: Address: 3001 HIGH POINTE PL Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: (X) Change () Addition LEWIS, JANIÈCE Name: LEWIS, JANIECE Name: 570 SHILOH DR. 570 SHILOH DR. Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: (X) Delete Title: () Change () Addition Name: MOORE, NICOLE Name: 604 TWO SISTERS WAY Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: Title: (X) Delete () Change () Addition JENNINGS, KIM Name: Name: 5052 CASSIA DR. Address: Address: PENSACOLA, FL 32506 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: JANICE CRENSHAW 09/01/2008