

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008287

FILED
May 10, 2005
Secretary of State

Entity Name: EXCELSIOR ACADEMY OF LEE COUNTY, INC.

Current Principal Place of Business:

7300 W MCNAB RD STE 217
TAMARAC, FL 33321

New Principal Place of Business:

940 TARPON STEET
FT. MYERS, FL 33916

Current Mailing Address:

7300 W MCNAB RD STE 217
TAMARAC, FL 33321

New Mailing Address:

10320 NW 6TH STREET
CORAL SPRINGS, FL 33071

FEI Number: 20-2696105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GOTZ, MARK H
7300 W MCNAB RD STE 217
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

STRADER, MICHAEL G PRESIDE
10320 NW 6TH STREET
CORAL SPRINGS, FL 33071 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: MICHAEL G. STRADER

05/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GOTZ, MARK H
Address: 7300 W MCNAB RD STE 217
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: ANDREWS, WILLIAM F
Address: 4721 NW 27 AVE
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: HACKETT, PATRICIA (PAM) A
Address: 8949 NW 9 PL
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: RENNA, RONALD P
Address: 4364 NW 103RD TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: VC (X) Change () Addition
Name: BOWER, ALICIA R
Address: 150 OCEAN LANE DR, NO. 9E
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T (X) Change () Addition
Name: LIGHTNER, PATRICIA
Address: 5917 TAHITI DRIVE
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RONALD P RENNA

CHAI

05/10/2005

Electronic Signature of Signing Officer or Director

Date