

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008288

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: EXCELSIOR ACADEMY OF MIAMI, INC.

**Current Principal Place of Business:**

7300 W MCNAB RD #217  
TAMARAC, FL 33321

**New Principal Place of Business:**

PO BOX 881237  
PORT ST. LUCIE, FL 34988

**Current Mailing Address:**

7300 W MCNAB RD #217  
TAMARAC, FL 33321

**New Mailing Address:**

PO BOX 881237  
PORT ST. LUCIE, FL 34988

FEI Number: 20-2664074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

GOTZ, MARK H  
PO BOX 881237  
PORT ST LUCIE, FL 34988 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: MARK H GOTZ

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GOTZ, MARK H  
Address: 7300 W MCNAB RD #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: PRES (X) Change ( ) Addition  
Name: GOTZ, MARK H  
Address: PO BOX 881237  
City-St-Zip: PORT ST LUCIE, FL 34988

Title: S/T (X) Change ( ) Addition  
Name: ANDREWS, WILLIAM F  
Address: 4721 NW 27 AVE  
City-St-Zip: BOCA RATON, FL 33434

Title: VP (X) Change ( ) Addition  
Name: HACKETT, PATRICIA (PAM) A  
Address: 8949 NW 9 PL  
City-St-Zip: PLANTATION, FL 33324

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: MARK H GOTZ

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date