

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008288

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** EXCELSIOR ACADEMY OF MIAMI, INC.

**Current Principal Place of Business:**

PO BOX 881237  
PORT ST. LUCIE, FL 34988

**New Principal Place of Business:**

154 NW MAGNOLIA LAKES BLVD.  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 881237  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

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  
PO BOX 881237  
PORT ST LUCIE, FL 34988 US

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

GOTZ, MARK H  
154 NW MAGNOLIA LAKES BLVD.  
PORT ST LUCIE, FL 34986 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

03/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: GOTZ, MARK H  
Address: PO BOX 881237  
City-St-Zip: PORT ST LUCIE, FL 34988

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARK H. GOTZ

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date