2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000010042

Entity Name: THE EXCEL ACADEMY, INC.

TI FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3650 NORTH MIAMI AVENUE 780 FISHERMAN STREET, SUITE 250

MIAMI, FL 33127 OPA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

3575 NORTHWEST 60TH STREET MIAMI, FL 33142

FEI Number: 20-4778936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KINNON, VALERIE 3575 NORTHWEST 60TH STREET, SUITE 777 MIAMI, FL 33142 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: C () Delete Title: C (X) Change () Addition

Name: JOHNSON, DOROTHY Name: DOBBS, LOLIDA
Address: 780 FISHERMAN STREET Address: 780 FISHERMAN STREET

City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: OPA-LOCKA, FL 33054

Title: VP () Delete Title: VP (X) Change () Addition

Name: BROWN, CHARLIE Name: FELTON, ROBERTA

Address: 777 SHARAZAD BLVD. Address: 780 FISHERMAN STREET, SUITE 250

City-St-Zip: OPA-LOCKA,, FL 33054 City-St-Zip: OPA-LOCKA,, FL 33054

Title: T () Delete Title: () Change () Addition

 Name:
 RUDOLPH, BESSIE
 Name:

 Address:
 3575 NORTHWEST 60TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: PICART, DONSEY Name: PICART, DONSEY

Address: 2325 NORTHWEST 166TH STREET Address: 780 FISHERMAN STREET, SUITE 250

City-St-Zip: MIAMI, FL 33054 City-St-Zip: OPA-LOCKA, FL 33054

Name: WOOTEN, BARBARA JEAN Name: JONES, SAMUEL

Address: 3575 NORTHWEST 60TH STREET Address: 780 FISHERMAN STREET, SUITE 250

City-St-Zip: MIAMI, FL 33142 City-St-Zip: OPA-LOCKA, FL 33054

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.

SIGNATURE: VALERIE KINNON RA 10/02/2009