

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90150 031 \*\*\*\*61.25

**DOCUMENT # N06000004986**

1. Entity Name  
**EXCELSIOR EDUCATION & TRAINING FOUNDATION,  
INC.**



Principal Place of Business  
**9405 17TH AVE. NW  
BRADENTON, FL 34209**

Mailing Address  
**9405 17TH AVE. NW  
BRADENTON, FL 34209**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4830063**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M  
720 S. ORANGE AVE.  
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **Gregory C. Meissner**

Street Address (P.O. Box Number is Not Acceptable)  
**1111 3rd Ave. W. #150**

City **Bradenton**

FL

Zip Code  
**34205**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gregory C. Meissner**  
Signature, typed or printed name of registered agent and title if applicable.

**4/10/08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GUCCIONE, MICHAEL  
STREET ADDRESS 9405 17TH AVE. NW  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE COBD ☐ Delete  
NAME MOORE, ETHELANE B  
STREET ADDRESS 9405 17TH AVE. NW  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE TD ☒ Delete  
NAME WENZEL, ROBERT  
STREET ADDRESS 2705 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE SD ☒ Delete  
NAME MINER, DAVID  
STREET ADDRESS 523 39TH ST W  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE D ☐ Delete  
NAME ALLARAKIA, LIAQUAT DR  
STREET ADDRESS 4812 26TH ST W  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D. ☐ Change ☒ Addition  
NAME Trigueiro, Betty  
STREET ADDRESS 9904 Old Hyde Park Rd.  
CITY-ST-ZIP Bradenton, FL 34202

TITLE V.P. - Dir. ☐ Change ☒ Addition  
NAME Meissner, Gregory C.  
STREET ADDRESS 1111 3rd Ave W. #150  
CITY-ST-ZIP Bradenton FL 34205

TITLE S.D. ☐ Change ☒ Addition  
NAME Neary, Scott  
STREET ADDRESS 6021 Midnight Pass Rd.  
CITY-ST-ZIP Sarasota, FL 34242

TITLE T.D. ☐ Change ☒ Addition  
NAME Rains, Diana  
STREET ADDRESS 3509 29th St. E.  
CITY-ST-ZIP Bradenton FL 34208

TITLE D. ☐ Change ☒ Addition  
NAME Lawson, Laura  
STREET ADDRESS 4608 Wolf Ridge Crossing  
CITY-ST-ZIP Parrish, FL 34219

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Guccione, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-07**  
Date

**1-941-761-1155**  
Daytime Phone #