

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004986

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5718 MANATEE AVENUE WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

600 8TH AVENUE WEST  
SUITE 202  
PALMETTO, FL 34221

**Current Mailing Address:**

5718 MANATEE AVENUE WEST  
BRADENTON, FL 34209

**New Mailing Address:**

600 8TH AVENUE WEST  
SUITE 202  
PALMETTO, FL 34221

**FEI Number:** 20-4830063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEISSNER, GREGORY C  
1111 3RD AVE W # 150  
BRADENTON, FL 34205 US

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

LAWSON, THOMAS D.  
4608 WOLF RIDGE CROSSING  
PARRISH, FL 34219 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: THOMAS D. LAWSON

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GUCCIONE, MICHAEL  
Address: 9405 17TH AVE. NW  
City-St-Zip: BRADENTON, FL 34209

Title: VD  
Name: SPENCER, DEANNA  
Address: P.O. BOX 366  
City-St-Zip: MYAKKA CITY, FL 34251

Title: SD  
Name: NEARY, SCOTT  
Address: 2511 BOTANY AVENUE  
City-St-Zip: SARASOTA, FL 34239

Title: PD  
Name: TAYLOR, KEVIN  
Address: 13410 LARAWAY DR.  
City-St-Zip: RIVERVIEW, FL 33579

Title: ED  
Name: LAWSON, THOMAS D  
Address: 4608 WOLF RIDGE CROSSING  
City-St-Zip: PARRISH, FL 34219

Title: TD  
Name: SPROUSE, RACHEL  
Address: 5225 UNIVERSITY PARKWAY  
City-St-Zip: UNIVERSITY PARK, FL 34201

I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. LAWSON

ED

02/08/2012

Electronic Signature of Signing Officer or Director

Date