

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 04, 2010
Secretary of State

DOCUMENT# N09000010806

Entity Name: EXCEL ACADEMY CHARTER SCHOOL NORTH, INC.**Current Principal Place of Business:**780 FISHERMAN STREET
SUITE 250
OPA-LOCKA, FL 33054 FL**New Principal Place of Business:****Current Mailing Address:**780 FISHERMAN STREET
SUITE 250
OPA LOCKA, FL 33054 FL**New Mailing Address:****FEI Number:** 27-1261247**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RLB FINANCIAL SERVICES, INC.
16115 SW 117 AVE
SUITE A14
MIAMI, FL 33177 US**Name and Address of New Registered Agent:**SHENICIA O'NEAL
780 FISHERMAN STREET
SUITE 250
OPA-LOCKA, FL 33054 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: SHO'NEAL

01/04/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: T
Name: O'NEAL, SHENICIA
Address: 780 FISHERMAN STREET, SUITE 250
City-St-Zip: OPA-LOCKA, FL 33054

Title: D
Name: JONES, SAMUEL
Address: 780 FISHERMAN STREET, SUITE 250
City-St-Zip: OPA-LOCKA, FL 33054

Title: DS
Name: PICART, DONSEY
Address: 780 FISHERMAN STREET, SUITE 250
City-St-Zip: OPA-LOCKA, FL 33054

Title: D
Name: EDWARDS, ARIEL
Address: 780 FISHERMAN STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: D
Name: BARTELLE, NORMAN
Address: 780 FISHERMAN STREET
City-St-Zip: OPA-LOCKA, FL 33054

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: SO'NEAL

T

01/04/2010

Electronic Signature of Signing Officer or Director_____
Date