SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE MAY 1: $125 (IF REVIVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44627 (0)

1. Corporation Name
EXCEL FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350035 TAMPA FL 33695	P.O. BOX 350035 TAMPA FL 33695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3085173 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SYLVESTER, COLLEEN
13704 SUN CT
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: Dr. James B Holsted
82 Street Address (P.O. Box Number is Not Acceptable): 4024 Bell Grande Dr.
83
84 City: Valrico FL 85 Zip Code: 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James B Holsted 6 July 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SYLVESTER, COLLEEN	1.2 NAME	James Holsted	
STREET ADDRESS	13704 SUN CT	1.3 STREET ADDRESS	4024 Bell Grande Dr	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Valrico, Fl	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	COCCIA, CATHY	2.2 NAME	Rhona Bahr	
STREET ADDRESS	3411 ELLENWOOD LN	2.3 STREET ADDRESS	1508 South Valrico Rd	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Valrico Florida	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DRUCKER, MITCHELL	3.2 NAME	Rory Norregaard	
STREET ADDRESS	5305 CANNERY CT	3.3 STREET ADDRESS	10512 Sharp Head Park	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa Florida	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James B Holsted 6 July 95 813-974-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019373