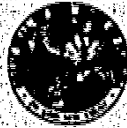


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 8/09: \$100 (IF REGISTERED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
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

P.O. BOX 350035
TAMPA FL 33695

Mailing Address

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. FBI Number

59-3065173

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

Dr. James B. Halsted
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. Halsted
Signature, typed or printed name of registered agent, and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6 July 95

12. OFFICERS AND DIRECTORS

TITLE D
NAME SYLVESTER, COLLEEN
STREET ADDRESS 13704 SUN CT
CITY-ST-ZIP TAMPA FL

TITLE D
NAME COCCIA, CATHY
STREET ADDRESS 3411 ELLENWOOD LN
CITY-ST-ZIP TAMPA FL

TITLE TO
NAME DRUCKER, MITCHELL
STREET ADDRESS 5305 CANNERY CT
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME James Halsted
1.3 STREET ADDRESS 4024 Bell Grande Dr.
1.4 CITY-ST-ZIP Valrico, FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Rhonda Gehr
2.3 STREET ADDRESS 1508 South Valrico Rd
2.4 CITY-ST-ZIP Valrico Florida

3.1 TITLE TO ☒ Change ☐ Addition
3.2 NAME Penny Noriega
3.3 STREET ADDRESS 16712 Sheffield Park
3.4 CITY-ST-ZIP Tampa Florida

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(k), 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. Halsted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 July 95

813-974-9540