

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 PO Box 280414

26 P.O. Box 280414 Tampa

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Tampa FL

Tampa FL

24 Zip 33682-0414

25 Hills

29 Zip 33682-0414

30 Hillsborough

9. Name and Address of Current Registered Agent

HALSTED, JAMES B DR
4024 BELL GRANDA DR
VALRICO FL 33594

3. Date Incorporated or Qualified

08/12/1991

3a. Date of Last Report

07/11/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Penny Noriega

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

16712 Sheffield PK

83

84 City

Lutz

FL

85 Zip Code

33549

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE

D

NAME

HALSTED, JAMES

STREET ADDRESS

4024 BELL GRANDA DR

CITY-ST-ZIP

VALRICO FL

TITLE

D

NAME

BEHR, RHONDA

STREET ADDRESS

1508 S VALRICO RD

CITY-ST-ZIP

VALRICO FL

TITLE

D

NAME

NORIEGA, PENNY

STREET ADDRESS

16712 SHEFFIELD PARK

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

Janine Schwartz

STREET ADDRESS

4145 Saltwater Blvd

CITY-ST-ZIP

Tampa FL 33615

TITLE

D

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

TITLE

D

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (3/96)