

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004986

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

**Current Principal Place of Business:**

600 8TH AVENUE WEST  
SUITE 202  
PALMETTO, FL 34221

**Current Mailing Address:**

600 8TH AVENUE WEST  
SUITE 202  
PALMETTO, FL 34221

**FEI Number:** 20-4830063

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title TREASURER  
Name CARTER, JAYNE  
Address P.O BOX 1226  
City-State-Zip: PALMETTO FL 34221

*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

**EXECUTIVE DIRECTOR**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date