

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004986

Entity Name: EXCELSIOR EDUCATION & TRAINING FOUNDATION, INC.**Current Principal Place of Business:**4608 WOLF RIDGE CROSSING
PARRISH, FL 34219**Current Mailing Address:**4608 WOLF RIDGE CROSSING
PARRISH, FL 34219 US**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	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	SECRETARY
Name	WESTER, ALISON
Address	4604 WOLF RIDGE CROSSING
City-State-Zip:	PARRISH FL 34219

Title	DIRECTOR
Name	ESPOSITO, JANELLE ESQ.
Address	2808 RIVERVIEW BLVD.
City-State-Zip:	BRADENTON FL 34205

Title	TREASURER
Name	DENAULT, PENNY
Address	18703 68TH AVENUE EAST
City-State-Zip:	BRADENOTN FL 34211

Title	DIRECTOR
Name	LAWSON, LAURA
Address	4608 WOLF RIDGE CROSSING
City-State-Zip:	PARRISH FL 34219

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****02/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date