## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004986

Entity Name: EXCELSIOR EDUCATION & TRAINING FOUNDATION, INC.

FILED Feb 27, 2017 Secretary of State CC3895239071

Date

Date

**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

Officer/Director Detail:

Title VD Title PD

NameSPENCER, DEANNANameTAYLOR, KEVINAddressP.O. BOX 366Address13410 LARAWAY DR.City-State-Zip:MYAKKA CITY FL 34251City-State-Zip:RIVERVIEW FL 33579

Title ED Title SECRETARY

Name LAWSON, THOMAS D Name WESTER, ALISON

Address 4608 WOLF RIDGE CROSSING Address 4604 WOLF RIDGE CROSSING

City-State-Zip: PARRISH FL 34219 City-State-Zip: PARRISH FL 34219

Title DIRECTOR Title TREASURER

Name ESPOSITO, JANELLE ESQ. Name DENAULT, PENNY

Address 2808 RIVERVIEW BLVD. Address 18703 68TH AVENUE EAST

City-State-Zip: BRADENTON FL 34205 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 02/27/2017

Electronic Signature of Signing Officer/Director Detail