

2018 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 PD
Name SPENCER, DEANNA
Address P.O. BOX 366
City-State-Zip: MYAKKA CITY FL 34251

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

Title VD
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

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date