
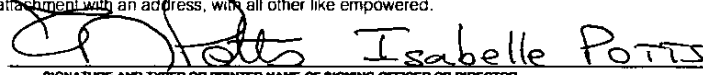


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90032 037 ****61.25

DOCUMENT # N03000000220					
1. Entity Name MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.					
Principal Place of Business 1407 S. MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 1407 S. MERIDIAN STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 33-1043915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POTTS, ISABELLE 1407 S. MERIDIAN STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida: Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUDD, DONNA M		NAME		
STREET ADDRESS	1402 S. MERIDIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, ISABELLE		NAME		
STREET ADDRESS	1407 S. MERIDIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIKOVICH, DONA		NAME		
STREET ADDRESS	1534 CHOWKEEBIN NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, NANCY		NAME	SARAH AMICK	
STREET ADDRESS	2529 WILLAMETTE ROAD		STREET ADDRESS	3681 LOMA FARM RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAENDLIN, BONNIE		NAME	HEIDI FOX	
STREET ADDRESS	2736 LUCERENE DR		STREET ADDRESS	1300 W. INDIAN HEAD ACRES	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, YAKINI		NAME	BARBARA HAMBY (D)	
STREET ADDRESS	2204 BEECH DR		STREET ADDRESS	ENGLISH DEPT, FSU	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	TALLAHASSEE FL 32306	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/8/08		850-224-8188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40063038
 #N/0300000220

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIE HAUSERMAN 9516 SUNHAWK BLVD TALLAHASSEE FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY LANG 2529 WILLAMETTE RD TALLAHASSEE FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHY LYNCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF MANDEL (D) 926 Timber Run HAVANA FL 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAND METCALFE 402 E. HARRISON TALLAHASSEE FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMMERS MICALFE 9516 SUNHAWK BLVD TALLAHASSEE FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP TEDDY TOLLETT 151 River Sink RD TALLAHASSEE FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE WILKINS 4648 INISHEER DR. TALLAHASSEE FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

check