

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000220

FILED
Apr 24, 2011
Secretary of State

Entity Name: MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.

Current Principal Place of Business:

1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 5503
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 33-1043915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTS, ISABELLE
1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D P
Name: TOLLETT, TEDDY
Address: 151 RIVER SINK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D VP
Name: NUDD, DONNA M
Address: 1402 S. MERIDIAN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D S
Name: FOX, HEIDI
Address: 1300 W. INDIAN HEAD ACRES
City-St-Zip: TALLAHASSEE, FL 32301

Title: D T
Name: METCALFE, RAND
Address: 402 EAST HARRISON
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: MILINKOVICH, DONA
Address: 1534 CHOWKEEBIN NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: POTTS, ISABELLE
Address: 1407 SOUTH MERIDIAN ST
City-St-Zip: TALLAHASSEE, FL 32301

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: ISABELLE POTTS

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04/24/2011

Electronic Signature of Signing Officer or Director

Date