

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000220

Entity Name: MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.

FILED
Apr 17, 2013
Secretary of State
CC4359999315

Current Principal Place of Business:

1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

FEI Number: 33-1043915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTTS, ISABELLE
1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT
Name TOLLETT, TEDDY
Address 151 RIVER SINK RD
City-State-Zip: CRAWFORDVILLE FL 32327

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

Title DIRECTOR, SECRETARY
Name FOX, HEIDI
Address 1300 W. INDIAN HEAD ACRES
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR, TREASURER
Name POTTS, ISABELLE
Address 1407 SOUTH MERIDIAN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MUTZ, MARGEAUX
Address 1132 E TENNESSEE ST
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LANG, NANCY
Address 2529 WILLAMETTE RD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HOLBROOK, DANIELLE
Address 1215 S MERIDIAN ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MANDEL, JEFFREY
Address 1641 LAKE ELLA DR
City-State-Zip: TALLAHASSEE FL 32303

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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

DIRECTOR, TREASURER 04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILKINS, DIANE
Address 4648 INISHEER DR
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DAVIS, BILL
Address 610 DUVAL ST
City-State-Zip: TALLAHASSEE FL 32301