

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000220

**FILED**  
**Apr 02, 2017**  
**Secretary of State**  
**CC8751564521**

**Entity Name:** MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.

**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 LANG, NANCY  
Address 2529 WILLAMETTE RD  
City-State-Zip: TALLAHASSEE FL 32303

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

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

**Continues on page 2**

*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

**TREASURER**

**04/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ROBINSON, JENNIFER  
Address        3025 MORNINGSIDE DR  
City-State-Zip: TALLAHASSEE FL 32301