#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000220

Entity Name: MICKEE FAUST ALTERNATIVE PERFORMANCE CLUB, INC.

FILED
Jan 20, 2018
Secretary of State
CC2949355308

# **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
 Title
 DIRECTOR, VP

 Name
 TOLLETT, TEDDY
 Name
 NUDD, DONNA M

Address 151 RIVER SINK RD Address 1402 S. MERIDIAN STREET

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR, SECRETARY Title DIRECTOR, TREASURER

Name FOX, HEIDI Name POTTS, ISABELLE

Address 1300 W. INDIAN HEAD ACRES Address 1407 SOUTH MERIDIAN ST City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR Title DIRECTOR

Name MANDEL, JEFFREY Name WILKINS, DIANE
Address 1641 LAKE ELLA DR Address 4648 INISHEER DR

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DAVIS, BILL
Address 610 DUVAL ST

City-State-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 TREASURER 01/20/2018