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

04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 33-1043915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
POTTS, ISABELLE
1407 S. MERIDIAN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	D/T ☒ Change ☐ Addition
NAME	POTTS, ISABELLE	NAME	
STREET ADDRESS	1407 S. MERIDIAN STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D/S ☒ Change ☐ Addition
NAME	MILIKOVICH, DONA	NAME	
STREET ADDRESS	1534 CHOWKEEBIN NENE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D/P ☐ Change ☒ 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 ☒ Delete	TITLE	D ☐ Change ☒ 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 ☒ Delete	TITLE	BARBARA HAMBY (D) ☐ Change ☒ Addition
NAME	KEMP, YAKINI	NAME	
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: Isabelle Potts 4/8/08 850-224-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400163038

#N03000000220

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

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D ☐ Change ☒ Addition
NAME	JIMMERS MICALLEF
STREET ADDRESS	9516 SUNHAWK BLVD
CITY-ST-ZIP	TALLAHASSEE FL 32309
TITLE	D/VP ☐ Change ☒ Addition
NAME	TEDDY TOLLETT
STREET ADDRESS	151 River Sink RD
CITY-ST-ZIP	~~[illegible]~~ CRAWFORDVILLE FL 32327
TITLE	D ☐ Change ☒ Addition
NAME	DIANE WILKINS
STREET ADDRESS	4648 INISHEER DR.
CITY-ST-ZIP	TALLAHASSEE FL 32309

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