

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006314

Entity Name: TALLAHASSEE ALUMNI HOLDINGS, INC.**Current Principal Place of Business:**730 WAILES STREET
TALLAHASSEE, FL 32310**Current Mailing Address:**P. O. BOX 6895
TALLAHASSEE, FL 32314 US**FEI Number:** 47-4513710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, HERBERT G
749 SILVERMAPLE DRIVE
TALLAHASSEE, FL 32308 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:** HERBERT BAILEY

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAILEY, HERBERT G
Address P.O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title VP
Name GOODMAN, CARL
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title SECRETARY
Name WITHERSPOON, ANTONIO
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title TREASURER
Name FARMER, KELVIN
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name MOORE, MICHAEL R.
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name CUMMINGS, CORNELL
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name LEVISON, EARL
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

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: HERBERT BAILEY

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date