2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2021
Secretary of State
9249038236CC

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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:

MOORE, MICHAEL R DR.
2901 TYRON CIRCLE
TALLAHASSEE, FL 32309 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: DR. MICHAEL R. MOORE, PRESIDENT 04/30/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, /CEO
Name	MOORE, MICHAEL R DR.
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	DIRECTOR
Name	ARNOLD, ALBERT
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

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

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

Title	DIRECTOR
Name	BOARD MEMBER #2
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: DR. MICHAEL R. MOORE PRESIDENT/CEO 04/30/2021

Electronic Signature of Signing Officer/Director Detail — Date