

2022 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:**GRAYSON ACCOUNTING & CONSULTING, P.A.
928 N MONROE STREET
TALLAHASSEE, FL 32303 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:** JOHN M. GRAYSON

04/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name SMITH, REGINALD A
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 COOPER, QUENTIN
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 OWENS, TORAINO
Address P. O. BOX 6895
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR
Name ALSTON, TOREY
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: CORNELL CUMMINGS

PRESIDENT

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date