

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012926

**Entity Name:** TEAM EXCELLENCE INTERNATIONAL INC**Current Principal Place of Business:**53 BRIDAL GATE DR  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**53 BRIDAL GATE DR  
CRAWFORDVILLE, FL 32327 US**FEI Number: 83-2784624****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLYNN-TOLLIVER, BARBARA  
339 BRIER ROSE LANE  
ORNAGE PARK, FL 32065 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	P
Name	KNIGHT, RENITTA
Address	680 W. 6TH AVE.
City-State-Zip:	TALLAHASSEE FL 32303

Title	RSEC
Name	CRUMITY, ANDRE
Address	2006 FOSTER DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	FSEC
Name	PERKINS, JACQUELINE
Address	3437 BLUE JAY DRIVE
City-State-Zip:	TALLAHASSEE FL 32305

Title	TRES
Name	DUPOINT, DEREK C.
Address	2504 SPRINGFOREST ROAD
City-State-Zip:	TALLAHASSEE FL 32301

Title	EBM
Name	KORNEGAY, DWAN V.
Address	3114 GALIMORE DRIVE
City-State-Zip:	TALLAHASSEE FL 32305

Title	CEO
Name	TOLLIVER, DON W
Address	53 BRIDAL GATE DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	EBM
Name	JOE, COL (RETIRED)RONALD M.
Address	5105 RED FOX RUN
City-State-Zip:	TALLAHASSEE FL 32303

*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: DON W. TOLLIVER****CEO****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date