

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012926

Entity Name: TEAM EXCELLENCE INTERNATIONAL INC**Current Principal Place of Business:**2504 SPRINGFOREST ROAD
TALLAHASSEE, FL 32301**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:**TOLLIVER, DON W
53 BRIDLE GATE DRIVE
CRAWFORDVILLE, FL 32327 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:** DON W TOLLIVER

07/12/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title EMB
Name HOLMES, PATRICK
Address 290 WARE OAK DR
City-State-Zip: TALLAHASSEE FL 32303

Title FS
Name DAVIS, LISA
Address 2506 RIDGEWAY ST
City-State-Zip: TALLAHASSEE FL 32310

Title EMB
Name MORRIS, SHELIA
Address 560 PASCO STREET
City-State-Zip: TALLAHASSEE FL 32305

Title VP
Name WILLIAMS-PEASE, STEPHANIE
Address 312 PERKINS STREET
City-State-Zip: TALLAHASSEE FL 32301

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 TOLLIVER

CEO

07/12/2023

Electronic Signature of Signing Officer/Director Detail

Date