2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 30, 2016
Secretary of State
CC5227188380

DOCUMENT# N97000002952

Entity Name: TALLAHASSEE TOTTENHAM HOTSPUR FUTBOL CLUB, INC.

Current Principal Place of Business:

4927 ARDEN FOREST WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

P.O. BOX 15229
TALLAHASSEE, FL 32317 52

FEI Number: 59-3452359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KNIGHT, GAIL
4927 ARDEN FOREST WAY
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: GAIL F KNIGHT 08/30/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	HOSAY, ROBERT
Address	227 THORNBERG DR.
City-State-Zip:	TALLAHASSEE FL 32312

Title	SECRETARY
Name	KOEGEL, KIMBERLY
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	WARREN, KEVIN
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	FINK, ANDY
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	VP
Name	ELLIOTT, LEW
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	TREASURER
Name	KNIGHT, GAIL
Address	4927 ARDEN FOREST WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	SILVAROLI, JEFF
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	SMITH, VICTORIA
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

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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: ROBERT HOSAY PRESIDENT 08/30/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	YAFFIN, JOSHUA
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	WARD, JOANNA
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	ADAMS, GEOFFREY
Address	P.O. BOX 15229
City-State-Zip:	TALLAHASSEE FL 32317