FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731939 (5)

1. Corporation Name
THE ALLIANCE FRANCAISE OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
2431 ALOMA AVE., STE. 168 WINTER PARK FL 32792-2541 US	ALLIANCE FRANCAISE OF GREATER ORLANDO 2431 ALOMA AVENUE, STE 168 WINTER PARK FL 32792-2541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1975
3a. Date of Last Report: 08/10/1994
4. FEI Number: 23-7452521 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUSTON, DENISE
915 PARK MANOR DRIVE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: NADD JOHN SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 9229 HIDDEN BAY LANE
83: ORLANDO FL 32819
84 City: FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: NADD JOHN SCOTT PRESIDENT — John Scott Nadd — FEBRUARY 2 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	NADD, JOHN SCOTT	1.2 NAME	NADD,JOHN SCOTT	
STREET ADDRESS	9229 HIDDEN BAY LANE	1.3 STREET ADDRESS	9229 HIDDEN BAY LANE	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	2.1 TITLE	VPF	☒ Change ☐ Addition
NAME	TAMBEAT, JOHN	2.2 NAME	LONSDORFER ANDRE	
STREET ADDRESS	1425 MT. LAUREL DRIVE	2.3 STREET ADDRESS	6700-13 S FLORIDA AV	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	LAKELAND,FL 33813	
TITLE	T	3.1 TITLE	VPA	☒ Change ☐ Addition
NAME	DOWNEY, MIKE	3.2 NAME	GUTIERREZ DOMINIQUE	
STREET ADDRESS	10695 HIARASSEE, APT. 1336	3.3 STREET ADDRESS	526 S.PARK AV	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	WINTER PARK FL32789	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GUTTIEREZ, DOMINIQUE	4.2 NAME	HUSTON DENISE	
STREET ADDRESS	5265 PARK AVENUE 00000	4.3 STREET ADDRESS	915 PARK MANOR DRIVE	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HUSTON, DENISE	5.2 NAME	BOYER JEAN	
STREET ADDRESS	915 PARK MANOR DRIVE	5.3 STREET ADDRESS	842 GRANVILLE Dr	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	WINTER PARK 32789	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BOYER, JEAN	6.2 NAME	TAMBERT JOHN	
STREET ADDRESS	842 GRANVILLE	6.3 STREET ADDRESS	1425 MT.LAUREL DRIVE	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	WINTER SPRING FL 32708	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Scott Nadd — John Scott Nadd — 2/4/95 — (407) 396 2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003750