FILE NOW: FILING FEE IS $61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State
03-08-1999 90086 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731939

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 NONE	26 PO BOX 149321	02/20/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 23-7452521 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ORLANDO FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 32814 / Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RICKETTS, TED
7230 DELLA DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	BOVERI, ANNE-MARIE		1.2 NAME	FOX, MARTINE	
STREET ADDRESS	542 ESTATES PL		1.3 STREET ADDRESS	2174 SUNNY HILL TERRACE	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICKETTS, TED		2.2 NAME		
STREET ADDRESS	7230 DELLA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CAVIN, SYLVIE		3.2 NAME		
STREET ADDRESS	402 W CHESTER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZAJKOWSKI, KAISTIEN		4.2 NAME		
STREET ADDRESS	4887 WALDEN CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUSTON, DENISE		5.2 NAME		
STREET ADDRESS	915 PARK MANOR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, JEAN		6.2 NAME		
STREET ADDRESS	842 GRANVILLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-25-99 (407) 397-3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #