

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90002 030 ****70.00

DOCUMENT # 731939



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

Principal Place of Business
1516 E COLONIAL DR #301
ORLANDO, FL 32803 US

Mailing Address
P.O. BOX 149321
ORLANDO, FL 32814 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7452521

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESNER, MURIELLE
1215 BIRCH CREEK TRAIL
ORLANDO, FL 32828

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **D** ☐ Delete
NAME **BESNER, MURIELLE**
STREET ADDRESS **1215 BIRCH CREEK TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **P** ☐ Delete
NAME **LODGE, BERNARD**
STREET ADDRESS **421 EVESHAM PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **D** ☐ Delete
NAME **HUSTON, DENISE**
STREET ADDRESS **915 PARK MANOR DRIVE**
CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **D** ☐ Delete
NAME **SCALABRE, GERARD**
STREET ADDRESS **775 OAKLAND HILLS CIRCLE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #