


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002011

**DOCUMENT # N02000007490**

1. Entity Name  
**ALLIANCE FRANCOPHONE AIME CESAIRE, INC.**



**FILED**  
03 DEC -1 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



Principal Place of Business  
244 CACTUS STREET  
TALLAHASSEE FL 32304-2917

Mailing Address  
244 CACTUS STREET  
TALLAHASSEE FL 32304-2917

2. Principal Place of Business  
**1721 Old Fort Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 10865**  
Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

Zip  
**32301**

Country  
**USA**

Zip  
**32302-2865**

Country  
**USA**

**REINSTATEMENT** CHECK HERE IF MAKING CHANGES **03**

4. FEI Number  
**481-299071**

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

6. Name and Address of Current Registered Agent

**JOSEPH, RONY**  
**5352 TEWKESBURY TRACE**  
**TALLAHASSEE FL 32309**

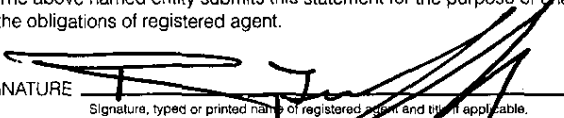
7. Name and Address of New Registered Agent

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

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 |   |
|----------------------------|---|
| TITLE<br><b>PD</b>         | <input type="checkbox"/> Delete<br><b>JOSEPH, RONY</b><br><b>5352 TEWKESBURY TRACE</b><br><b>TALLAHASSEE FL 32309</b>                   |
| TITLE<br><b>VD</b>         | <input type="checkbox"/> Delete<br><b>SPACAGNA, ANTOINE</b><br><b>244 CACTUS STREET</b><br><b>TALLAHASSEE FL 32301</b>                  |
| TITLE<br><b>SD</b>         | <input checked="" type="checkbox"/> Delete<br><b>DORILUS, MARIE</b><br><b>2168 EAST PARK AVENUE</b><br><b>TALLAHASSEE FL 32301</b>      |
| TITLE<br><b>TD</b>         | <input type="checkbox"/> Delete<br><b>MWENENE, MUKWESO</b><br><b>P. O. BOX 10443</b><br><b>TALLAHASSEE FL 32302</b>                     |
| TITLE<br><b>D</b>          | <input type="checkbox"/> Delete<br><b>BEAUDOUIN, JEAN</b><br><b>1515 GREY FOX RUN</b><br><b>TALLAHASSEE FL 32311</b>                    |
| TITLE<br><b>D</b>          | <input checked="" type="checkbox"/> Delete<br><b>BAUDOIN D' AJOUX, FRANCOISE</b><br><b>1721 OLD FORT DRIVE</b><br><b>TALLAHASSEE FL</b> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |   |
|--|---|
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>500025423435</b><br><b>12/11/03--01040--029 **245.00</b>   |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>SD</b><br><b>Baudoin D' Ajoux, Francoise</b><br><b>1721 Old Fort Drive</b><br><b>Tallahassee, FL 32301</b> |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | <b>D</b><br><b>Voisin, Annie</b><br><b>2731 Blairstone Rd, Apt. 17</b><br><b>Tallahassee, FL 32301</b>        |

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 REQUIRED

12-1-03

DATE DAYTIME PHONE #

CR2E037 (4/03)