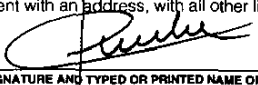


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90041 019 ****61.25

DOCUMENT # N40334					
1. Entity Name FRENCH-AMERICAN BUSINESS COUNCIL FOR GREATER ORLANDO (CENTRAL FLORIDA), INC.					
Principal Place of Business 5255 TIMBERVIEW TERRACE ORLANDO, FL 32819			Mailing Address PO BOX 690535 ORLANDO, FL 32869 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3033537	
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		
NARSISYAN, EDMONDE 7626 SAND LAKE RD ORLANDO, FL 32819			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)					
Filing Fee is \$61.25 Due by May 1, 2005		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 M NAME PERCHE, JEAN-CLAUDE STREET ADDRESS 5755 TIMBERVIEW TERR CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VD NAME DAGOT, BRIGITTE STREET ADDRESS 7657 MOUNT CARMEL DR CITY-ST-ZIP ORLANDO, FL 32335	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE ST NAME NARSISYAN, EDMONDE STREET ADDRESS 7626 SAND LAKE RD CITY-ST-ZIP ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE VD NAME METAIS, CATHERINE STREET ADDRESS 10418 BRILLIANT CT CITY-ST-ZIP ORLANDO, FL 32836	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE P NAME PAUQUET, THIERRY STREET ADDRESS 2369 WHISPERING MAPLE CITY-ST-ZIP ORLANDO, FL 32837	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  JEAN-CLAUDE PERCHE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 04/11/2005 Daytime Phone #: 407-370-9158					