

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005319

Entity Name: ALLIANCE FRANCAISE DE TALLAHASSEE, INC.**Current Principal Place of Business:**2545 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O.BOX 3591
TALLAHASSEE, FL 32315 US**FEI Number:** 20-5008087**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESCOBAR, KENIA
2906A BATTLE MOUNTAIN ROAD
TALLAHASSEE, FL 32309 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BRADFORD, MARY
Address	931 BRIARCLIFF
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	DEPART, JACQUES
Address	1145 CIRCLE DR.
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	MEYNIER-OUAZZANI, FRANÇOISE
Address	3295 LAKEVIEW DR.
City-State-Zip:	TALLAHASSEE FL 32310

Title	DIRECTOR
Name	FERRIS, MEAGAN
Address	2427 MONACO DR.
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	GREENBERG, DAVID
Address	1175 LANDINGS LOOP
City-State-Zip:	TALLAHASSEE FL 32311

Title	SECRETARY
Name	ESCOBAR, KENIA
Address	2906 BATTLE MOUNTAIN RD. A
City-State-Zip:	TALLAHASSE FL 32301

Title	DIRECTOR
Name	MARCHENA, CLAUDIA
Address	2132 GLENNRIDGE DR
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	WILSON, ANDREW
Address	(À& BLAIRSTONE RD APT. 624
City-State-Zip:	TALLAHASSEE FL 32301

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY BRADFORD**PRESIDENT****01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LINARES, JENNIFER
Address 2131 MERIDIAN RD.
 APT. 112
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MCELRATH, JOSEPH
Address 2412 SHALLEY DR.
City-State-Zip: TALLAHASSEE FL 32309