

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005319

FILED
Jan 27, 2015
Secretary of State
CC0168623287

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

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

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

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

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

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

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

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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