## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005319

Entity Name: ALLIANCE FRANCAISE DE TALLAHASSEE, INC.

**FILED** Mar 02, 2020 **Secretary of State** 6142720439CC

Date

## **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:

VOISIN, ANNIE J 2545 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301 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: ANNIE J VOISIN 03/02/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

BRADFORD, MARY Name ELLIS, RICK ESQ. Name

2545 BLAIRSTONE PINES DRIVE Address 2545 BLAIRSTONE PINES DRIVE Address

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title **SECRETARY** Title **PRESIDENT** 

Name MCCOLLEY, MARGARET Name VOISIN, ANNIE JO

Address 2545 BLAIRSTONE PINES DRIVE Address 2545 BLAIRSTONE PINES DRIVE

TALLAHASSEE FL 32301 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32301

Title **OTHER** 

BUNGE, LUCIA Name

2545 BLAIRSTONE PINES DRIVE Address

City-State-Zip: TALLAHASSEE FL 32301

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: VOISIN, ANNIE JO

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/02/2020 Date