

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003213

**Entity Name:** ALLIANCE FRANCOPHONE CVE, INC.

**Current Principal Place of Business:**

20 HARWOOD A  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

20 HARWOOD A  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 30-0943032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FREDETTE, MICHELINE  
20 HARWOOD A  
DEERFIELD BEACH, FL 33442 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            PRESIDENT  
Name            LAPOINTE, VITAL  
Address        2140 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            T  
Name            FREDETTE, MICHELINE  
Address        20 HARWOOD A  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            DESJARDINS, DENIS  
Address        97 PRESCOTT J  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            RAYMOND, PHILIP  
Address        200 LYNTHURST M  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            SANTOIRE, LOUISE  
Address        4126 CAMBRIDGE F  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            SOULIERES, DENISE  
Address        53 TILFORD C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            V  
Name            BOURQUE, PAUL  
Address        3032 HARWOOD D  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            S  
Name            COLLINS, MICHELINE  
Address        275 OAKRIDGE P  
City-State-Zip: DEERFIELD BEACH FL 33442

**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:** MICHELINE FREDETTE

**TREASURER**

**02/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            D  
Name            LACASSE, PIERRE  
Address        3028 ASHBY D  
City-State-Zip: DEERFIELD BEACH FL 33442