

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 037 \*\*\*\*61.25

**DOCUMENT-# 719462**

1. Entity Name

ALLIANCE FRANCAISE OF TAMPA, INC.



Principal Place of Business

2023 PLATT ST W  
TAMPA FL 33606-1736  
US

Mailing Address

P.O. BOX 20351  
TAMPA FL 33622  
US



2. Principal Place of Business

14713 TALL Tree Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

Zip

33558

Country

USA

Zip

33558

Country

USA

4. FEI Number

59-2137323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

STEARNS, BEVERLY  
14713 TALL TREE DR  
LUTZ FL 33558

7. Name and Address of New Registered Agent

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

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

TITLE: BOB  
NAME: JONES, ALAN ☒ Delete  
STREET ADDRESS: 5301 WITHAM COURT  
CITY-ST-ZIP: TAMPA FL 33647

TITLE: PRESIDENT  
NAME: STEARNS, BEVERLY ☐ Delete  
STREET ADDRESS: 14713 TALL TREE DR  
CITY-ST-ZIP: LUTZ FL 33558

TITLE: BOB  
NAME: MAGRIBY, ROSE MARIE ☒ Delete  
STREET ADDRESS: 928 S DAKOTA AVE  
CITY-ST-ZIP: TAMPA FL 33606

TITLE: T  
NAME: HENRY, MARGARET A ☒ Delete  
STREET ADDRESS: 503 E DAVIS BLVD  
CITY-ST-ZIP: TAMPA FL 33606

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VICE PRESIDENT  
NAME: CHRISTINE PROBERT ☐ Change ☐ Addition  
STREET ADDRESS: 27108 Arrowbrook Way  
CITY-ST-ZIP: Wesley Chapel FL 33543

TITLE: BOB  
NAME: Roland Schaubert ☐ Change ☐ Addition  
STREET ADDRESS: 11502 7th Lane North  
CITY-ST-ZIP: St Petersburg FL 33716

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ARLENE R. LEWIS ☒ Change ☐ Addition  
NAME: ARLENE R. LEWIS  
STREET ADDRESS: 6257 DUCK KEY COURT  
CITY-ST-ZIP: Tampa FL 33625

TITLE: TREASURER ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ARLENE R. LEWIS

7/24/06 (813) 960-5038