

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719462

FILED
Jan 20, 2009
Secretary of State

Entity Name: ALLIANCE FRANCAISE OF TAMPA, INC.

Current Principal Place of Business:

16405 PENSLIMONT PLACE
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

C/O LEWIS, 6257 DUCK KEY COURT
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-2137323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMARD, YVES
16405 PENSLIMONT PLACE
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMARD, YVES
Address: 16405 PENSLIMONT PLACE
City-St-Zip: LUTZ, FL 33559

Title: VP () Delete
Name: PROBES, CHRISTINE
Address: 27108 ARROWBROOK WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TREA () Delete
Name: LEWIS, ARLENE R
Address: 6257 DUCK KEY COURT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE R. LEWIS

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date