

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760435

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** ALLIANCE FRANCAISE DE PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

C/O MS. LAURETTE SCHMITT  
5971 TERRACE PARK DRIVE NORTH # 101  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

16405 PENSHURST PLACE  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:** 59-2105701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMARD, YVES P  
16405 PENSHURST PLACE  
LUTZ, FL 33549 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: PD  
Name: HAMARD, YVES  
Address: 16405 PENSHURST PLACE  
City-St-Zip: LUTZ, FL 33549

Title: T  
Name: SCHMITT, LAURETTE  
Address: 5971 TERRACE PARK DRIVE NORTH #101  
City-St-Zip: SAINT PETERSBURG, FL 33709

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: YVES H. AMARD

PD

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date