

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N01000007729 1. Entity Name FRANCOPHILES SANS FRONTIERES INC.	
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Principal Place of Business 879 NW 110TH TER PLANTATION, FL 33324	Mailing Address 879 NW 110TH TER PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1151427	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMOTHE, FERNAND 879 NW 110TH TER PLANTATION, FL 33324
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IN THIS SPACE**

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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COURAGE, YVONNE 2550 ADAMS STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMOTHE, FERNAND 879 NW 110TH TER PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALCONE-MCKEVITT, CHRISTINA 3123 LEE ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERCURI, BRUNO 4930 SW 25 COURT PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U000000564301
05/20/06-80059-004 61.25

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: *Courage* April 30, 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date