

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007725

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FRANCOPHILES SANS FRONTIERES INC.

## Current Principal Place of Business:

879 NW 110TH TER  
PLANTATION, FL 33324

## New Principal Place of Business:

3123 LEE STREET  
102  
HOLLYWOOD, FL 33021

## Current Mailing Address:

879 NW 110TH TER  
PLANTATION, FL 33324

## New Mailing Address:

3123 LEE STREET  
102  
HOLLYWOOD, FL 33021

FEI Number: 65-1151427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMOTHE, FERNAND  
879 NW 110TH TER  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: COURAGE, YVONNE  
Address: 2550 ADAMS STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete  
Name: LAMOTHE, FERNAND  
Address: 879 NW 110TH TER  
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete  
Name: FALCONE-MCKEVITT, CHRISTINA  
Address: 3123 LEE ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: MERCURI, BRUNO  
Address: 4930 SW 25 COURT  
City-St-Zip: PEMBROKE PARK, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FALCONE, CRISTINA  
Address: 3123 LEE STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: CRISTINA FALCONE

D

04/30/2008

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

\_\_\_\_\_  
Date