

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007490

1. Entity Name
ALLIANCE FRANCOPHONE AIME CESAIRE, INC.



FILED

04 OCT -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1721 OLD FORT DRIVE
TALLAHASSEE, FL 32301

Mailing Address
PO BOX 10865
TALLAHASSEE, FL 32302-2865



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
48-1299071

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, RONY
5352 TEWKESBURY TRACE
TALLAHASSEE, FL 32309

~~Baudoin D'Anjous, Francoise~~
Baudoin D'Anjous, Francoise

Name

Street Address (P.O. Box Number is Not Acceptable)

1721 Old Fort Drive

City

Tallahassee

FL

Zip Code

32301

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 P.D. Francoise B.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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 PD ☒ Delete
NAME JOSEPH, RONY
STREET ADDRESS 5352 TEWKESBURY TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE VD ☐ Delete
NAME SPACAGNA, ANTOINE
STREET ADDRESS 244 CACTUS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD ☐ Delete
NAME BANDOIN D'AJOUS, FRANCOISE
STREET ADDRESS 1721 OLD FORT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE TD ☐ Delete
NAME MWENENE, MUKWESO
STREET ADDRESS P. O. BOX 10443
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D ☐ Delete
NAME BEAUDOUIN, JEAN
STREET ADDRESS 1515 GREY FOX RUN
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE D ☐ Delete
NAME VOISION, ANNIE
STREET ADDRESS 2731 BLAIRSTONE RD., APT. 17
CITY-ST-ZIP TALLAHASSEE, FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Essongo, Gabriel
STREET ADDRESS 415 W Virginia St
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition
NAME 100041816491
STREET ADDRESS 10/12/04--01041--009
CITY-ST-ZIP **70.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mwenene, Mukweso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-04 (850)922-0696