


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007490					
1. Entity Name ALLIANCE FRANCOPHONE AIME CESAIRE, INC.					
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.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 48-1299071	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANCOISE, BAUDOUIN D'ANJ 1721 OLD FORT DRIVE TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			\$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESSONGO, GABRIEL		NAME		
STREET ADDRESS	415 WEST VIRGINIA STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPACAGNA, ANTOINE		NAME		
STREET ADDRESS	244 CACTUS STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANDOIN D'AJOUS, FRANCOISE		NAME		
STREET ADDRESS	1721 OLD FORT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MWENENE, MUKWESO		NAME		
STREET ADDRESS	P. O. BOX 10443		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAUDOUIN, JEAN		NAME		
STREET ADDRESS	1515 GREY FOX RUN		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOISION, ANNIE		NAME		
STREET ADDRESS	2731 BLAIRSTONE RD., APT. 17		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		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: <i>Mukweso Mwenene</i> 09.07.2005 850.922.0696					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



09072005 Chg-NP CR2E037 (10/03)

4. FEI Number
48-1299071

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

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 7, 2005

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 ESSONGO, GABRIEL
STREET ADDRESS 415 WEST VIRGINIA STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #