

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002011

DOCUMENT # N02000007490

1. Entity Name

ALLIANCE FRANCOPHONE AIME CESAIRE, INC.



Principal Place of Business

244 CACTUS STREET
TALLAHASSEE FL 32304-2917

Mailing Address

244 CACTUS STREET
TALLAHASSEE FL 32304-2917

2. Principal Place of Business

1721 Old Fort Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10865
Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country
32301 USA

City & State

Tallahassee, FL

Zip Country
32302-2865 USA

REINSTATEMENT CHECK HERE IF MAKING CHANGES

4. FEI Number

481-299071

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, RONY
5352 TEWKESBURY TRACE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	JOSEPH, RONY	
STREET ADDRESS	5352 TEWKESBURY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPACAGNA, ANTOINE	
STREET ADDRESS	244 CACTUS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DORILUS, MARIE	
STREET ADDRESS	2168 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MWENENE, MUKWESO	
STREET ADDRESS	P. O. BOX 10443	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUDOUIN, JEAN	
STREET ADDRESS	1515 GREY FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUDOIN D' AJOUX, FRANCOISE	
STREET ADDRESS	1721 OLD FORT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500025423435
CITY-ST-ZIP	12/11/03--01040--029 **245.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SD
CITY-ST-ZIP	BAUDOIN D' AJOUX, FRANCOISE
	1721 Old Fort Drive
	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doisin, Annie
STREET ADDRESS	2731 Blairstone Rd, Apt. 17
CITY-ST-ZIP	Tallahassee, FL 32301

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-03

Date

Daytime Phone #

CR2E037 (4/03)