2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
03-29-2004 90065 021 ****61.25

DOCUMENT # N03000001207

1. Entity Name
ECOLE FRANCAISE INCORPORATED

Principal Place of Business	Mailing Address
315 SE MIZNER BLVD, STE 211 BOCA RATON, FL 33432	315 SE MIZNER BLVD, STE 211 BOCA RATON, FL 33432

03122004 Chg-NP CR2E037 (10/03)

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 54-2100212 ☐ Applied For ☐ Not Applicable

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
RAINIER, PATRICIA 2018 NE 17TH ST, APT #12 FT LAUDERDALE, FL 33305	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 Patricia Rainier DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete PRESIDENT →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition RAINIER PATRICIA 2018 N.E. 17TH TERRACE - #12 FT. LAUDERDALE - FL - 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete VICE PRESIDENT →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition SCOTT TUCKER 1500 SE 17th STREET FT. LAUDERDALE - FL. 33315
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SECRETARY →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition WALLMANN PAM SECRETARY 1839 MIDDLE RIVER DRIVE - 505 FORT LAUDERDALE FL 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR