

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 019 *****61.25

DOCUMENT # N03000002779

1. Entity Name

**ALLIANCE FRANCAISE DE BONITA SPRINGS,
INCORPORATED**



Principal Place of Business

**11983 TAMiami TRAIL
NAPLES FL 34110**

Mailing Address

**P.O. BOX 1511
BONITA SPRINGS FL 34133**

50014059



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1073730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICHAELS, GEORGE
4401 GULF SHORE BLVD., #705
NAPLES FL 34103**

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

Due By May 1, 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 **D** ☐ Delete
NAME **KUHN, SUSANNE**
STREET ADDRESS **7575 PELICAN BAY BLVD., #1203**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
NAME **LEAH, JOSEPH**
STREET ADDRESS **2126 IMPERIAL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☒ Delete
NAME **DE VITERNE, COLETTE**
STREET ADDRESS **2305 HIDDEN LAKE DR., #6**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **FIEDLER, LEIGH**
STREET ADDRESS **4975 BONITA BEACH ROAD., #504**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **GREGORY, MIMI**
STREET ADDRESS **9033 TERRANOVA DR**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Scher, Dag**
STREET ADDRESS **3874 Midshore Drive**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **D** ☐ Change ☒ Addition
NAME **Missoad, Louis**
STREET ADDRESS **6597 Nicholas Blvd, Cap Ferret #1805**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☐ Change ☒ Addition
NAME **DeViterne, Charles**
STREET ADDRESS **2305 Hidden Lake Dr. #6**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **D** ☐ Change ☒ Addition
NAME **duchene, Jean-Loup**
STREET ADDRESS **2926 Giltford Way**
CITY-ST-ZIP **Naples, FL 34119**

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: *Leigh Fiedler/Leigh Fiedler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2, 2005 *239-992-8217*

Date

Daytime Phone #