

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002779

FILED
Mar 04, 2009
Secretary of State

Entity Name: ALLIANCE FRANCAISE DE BONITA SPRINGS, INCORPORATED

Current Principal Place of Business:

11983 TAMIAMI TRAIL
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1511
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 65-1073730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, CHARLES H
6125 RESERVE CIRCLE
#1901
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUHN, SUSANNE
Address: 7575 PELICAN BAY BLVD., #1203
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: DUCHENE, JEAN LOUP
Address: 2926 GILFORD WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: DE VITERNE, CHARLES
Address: 2305 HIDDEN LAKE DR., #6
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: LEWIS, CHARLES
Address: 6125 RESERVE CIRCLE #1901
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: GREGORY, MIMI
Address: 9033 TERRANOVA DR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: HELMUT, SIMON
Address: 6849 GRENADIER BLVD #2101
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. LEWIS

MR.

03/04/2009

Electronic Signature of Signing Officer or Director

Date