

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 032 ****61.25

DOCUMENT # N40334

1. Entity Name
**FRENCH-AMERICAN BUSINESS COUNCIL FOR
GREATER ORLANDO (CENTRAL FLORIDA), INC.**



Principal Place of Business
**7657 MOUNT CARMEL DR.
ORLANDO, FL 32835**

Mailing Address
**7657 MOUNT CARMEL DR.
ORLANDO, FL 32835 US**

40064503



03142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3033537 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAUQUET, THIERRY A
47 E. ROBINSON ST.
SUITE # 209
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Jenemi ASSOCIATES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
6996 PIAZZA Grande Ave
STE. 202
City **ORLANDO** FL Zip Code **32835**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/17/08.

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **PAUQUET, THIERRY A**
STREET ADDRESS **47 E. ROBINSON ST, SUITE #209**
CITY - ST - ZIP **ORLANDO, FL 32801**

TITLE **VP** ☐ Delete
NAME **DAGOT, BRIGITTE**
STREET ADDRESS **7657 MOUNT CARMEL DR**
CITY - ST - ZIP **ORLANDO, FL 32335**

TITLE **DM** ☐ Delete
NAME **ROBINS, VIRGINIA M**
STREET ADDRESS **1817 BOVINGDON LN**
CITY - ST - ZIP **OCOE, FL 34761**

TITLE **DE** ☐ Delete
NAME **GROLET, HEATHER C**
STREET ADDRESS **13125 PENSHURST LN.**
CITY - ST - ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

Daytime Phone #