FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002337 (3)**

1. Corporation Name

L'ALLIANCE FRANCAISE DE PANAMA CITY FLORIDA, INC

Principal Place of Business	Mailing Address
PO BOX 27562 PANAMA CITY FL 32411	PO BOX 27562 PANAMA CITY FL 32411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3249776 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 5321 W Hway 98,	2a. Mailing Address 26 2201 Windjammer Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Helene Gardner
City & State 23 Panama City, Florida	City & State 28 Lynn Haven, Florida
Zip 24 32401 Country 25 U.S.A.	Zip 29 32444 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY FL 32401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	YANKE, AUGUST	12 NAME	
STREET ADDRESS	PO BOX 27562	13 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL 32411	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	PRESTON, SANDRA	22 NAME	
STREET ADDRESS	3311 TOKEN RD	23 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL 32405	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MADRID, NADIA	32 NAME	
STREET ADDRESS	734 BUDDY DR	33 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL 32404	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	BERTHELOT, NICOLE	42 NAME	
STREET ADDRESS	PO BOX 27577	43 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL 32411	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	GARDNER, HELENE	52 NAME	
STREET ADDRESS	2201 WINDJAMMER DR	53 STREET ADDRESS	
CITY ST ZIP	LYNN HAVEN FL 32444	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BERTHELOT, JEAN-PIERRE	62 NAME	
STREET ADDRESS	PO BOX 27577	63 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL 32411	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helene Gardner Helene Gardner, Treasurer 04/21/95 (904) 271-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0028073