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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002337 (3)

1. Corporation Name

L'ALLIANCE FRANCAISE DE PANAMA CITY FLORIDA, INC

Principal Place of Business

Mailing Address

5321 W. HWY. 98
PANAMA CITY FL 32401
US

2201 WINDJAMMER DR.
ATTN: HELENE GARDNER
LYNN HAVEN FL 32444-2076
US



3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3249776

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME YANKE, AUGUST
STREET ADDRESS PO BOX 27562 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME PRESTON, SANDRA
STREET ADDRESS 3311 TOKEN RD
CITY-ST-ZIP PANAMA CITY FL 32405

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME MADRID, NADIA
STREET ADDRESS 734 BUDDY DR
CITY-ST-ZIP PANAMA CITY FL 32404

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS ☒ DELETE
NAME BERTHELOT, NICOLE
STREET ADDRESS 194 MARLIN CIRCLE
CITY-ST-ZIP PANAMA CITY BEACH FL

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME MARIE T PRITCHETT
4.3 STREET ADDRESS 1902 MASSACHUSETTS AVE
4.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE DT ☐ DELETE
NAME GARDNER, HELENE
STREET ADDRESS 2201 WINDJAMMER DR
CITY-ST-ZIP LYNN HAVEN FL 32444

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CAMPBELL, JIM
STREET ADDRESS 3107 W 30TH COURT
CITY-ST-ZIP PANAMA CITY FL 32405

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 4097 (904) 971 1115

CR2E037 (9/96)