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APPROVED AND FILED

95 MAR 15 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **743827** (8)

1. Corporation Name
CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I NC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1978	3a. Date of Last Report 03/10/1994
4. FEI Number: 59-1650904	Applied For <input type="checkbox"/> Not Applicable

Principal Place of Business	Mailing Address
2701 34TH STR NO LOT 246 ST. PETERSBURG FL 33713 US	2701 34TH STR NO LOT 246 ST. PETERSBURG FL 33713 US

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
24 Zip Country	29 Zip Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**25th VAILLANCOURT, ROBIN A.
1401-WEST BAY DRIVE
LARGO, FL MH**

10. Name and Address of New Registered Agent

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PROTEAU, GARTAN
STREET ADDRESS	770-32ND AVE, SOUTH #321
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	LECLERC, GILBERTE
STREET ADDRESS	2701 34TH STR NO LOT 139
CITY-ST-ZIP	ST PETE, FL 00000
TITLE	P
NAME	BRAZEAU, MARIE
STREET ADDRESS	770 32ND AVE SO LOT 105
CITY-ST-ZIP	ST PETE FL
TITLE	D
NAME	PICARD, ROBERT
STREET ADDRESS	832 BAY STREET, NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	DS
NAME	DOUCET, AZARIAS
STREET ADDRESS	2701 34TH STR NO LOT 246
CITY-ST-ZIP	ST PETE FL
TITLE	D
NAME	PROTEAU, THERESE
STREET ADDRESS	770 32ND AVE SO #412
CITY-ST-ZIP	ST PETE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gaetan spelling
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Marcel Hudon
2.3 STREET ADDRESS	4000-24th St North Lot 228
2.4 CITY-ST-ZIP	St. Petersburg Florida 33714
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P Margot Cauchy
3.3 STREET ADDRESS	38 Tiffin way
3.4 CITY-ST-ZIP	Largo, St Petersburg 34642
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Azarias Doucet* (Azarias Doucet) March 10/95 (813) 323-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #