


FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743827** (8)

1. Corporation Name

CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I
NC.

Principal Place of Business

2701 34TH STR NO
LOT 246
ST. PETERSBURG FL 33713
US

Mailing Address

2701 34TH STR NO
LOT 246
ST. PETERSBURG FL 33713-3648
US

2. Principal Place of Business

21 **St. Petersburg, Fla**22 Suite, Apt. #, etc.
4265-13th Ave North23 City & State
St. Petersburg, Fla24 Zip
3371325 Country
Pinellas

2a. Mailing Address

26 **2701-34th St North**27 Suite, Apt. #, etc.
Lot 24628 City & State
St. Petersburg, Fla29 Zip
3371330 Country
Pinellas3. Date Incorporated or Qualified
08/07/19783a. Date of Last Report
03/28/19964. FEI Number
59-1650904Applied For
☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VAILLANCOURT, ROBIN A.
2530 WEST BAY DRIVE
LARGO, FL MH 34640

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 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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PROTEAU, GAETAN	
STREET ADDRESS	770-32ND AVE, SOUTH #321	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LECLERC, GILBERTE	
STREET ADDRESS	2701-34TH ST NORTH LOT 139	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAUCHY, MARGOT	
STREET ADDRESS	38 TIFFIN WAY	
CITY-ST-ZIP	LARGO ST	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUOT, NICOLE	
STREET ADDRESS	800-32ND AVE SOUTH LOT 212	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOUCET, AZARIAS	
STREET ADDRESS	2701 34TH STR NO LOT 246	
CITY-ST-ZIP	ST PETE FL	

TITLE	D	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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
2.3 STREET ADDRESS	Eugénie Boileau
2.4 CITY-ST-ZIP	17117 Gulf Blvd Apt 627 North Redington Beach, Fla 33708

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Azarias) dated 3/97 (813) 323-0027
Doucet

Date

Daytime Phone # 0050999

CR2E037 (9/96)