

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 743827 (8)
1. Corporation Name
CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I NC.



Principal Place of Business 4265 19 AVE N ST. PETERSBURG FL 33713 US	Mailing Address 2701 34 ST N LOT 246 ST. PETERSBURG FL 33713 US
--	---

3. Date Incorporated or Qualified 06/07/1978		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Lo2 12400-US 19 North, 421		
City & State 23	City & State 28 St. Petersburg, Florida		
Zip 24	Country 25	Zip 29 33764	Country 30 U.S.A

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAILLANCOURT, ROBIN A. 2530 WEST BAY DRIVE LARGO, FL MH 34640		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROTEAU, GAETAN		1.2 NAME	
STREET ADDRESS 770-32ND AVE, SOUTH #321		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOILEAU, EUGENIE		2.2 NAME	
STREET ADDRESS 17117 GULF BLVD, 627		2.3 STREET ADDRESS	
CITY-ST-ZIP N REDDINGTON BCH FL		2.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAUCHY, MARGOT		3.2 NAME	President
STREET ADDRESS 38 TIFFIN WAY		3.3 STREET ADDRESS	Jacques Vaillancourt
CITY-ST-ZIP LARGO ST		3.4 CITY-ST-ZIP	3100-26th Ave North Lot 22 St. Petersburg, Florida 33713
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUOT, NICOLE		4.2 NAME	Director
STREET ADDRESS 800-32ND AVE SOUTH LOT 212		4.3 STREET ADDRESS	Roméo Tournier
CITY-ST-ZIP ST PETERSBURG FL		4.4 CITY-ST-ZIP	4050-4th St. North St. Petersburg, Florida 33703
TITLE DS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUCET, AZARIAS		5.2 NAME	secretary
STREET ADDRESS 2701 34TH STR NO LOT 246		5.3 STREET ADDRESS	Aline Guay
CITY-ST-ZIP ST PETE FL		5.4 CITY-ST-ZIP	12400-US 19 North, Lot 421 St. Petersburg, Florida 33764
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROTEAU, THERESE		6.2 NAME	Director
STREET ADDRESS 770 32ND AVE SO #412		6.3 STREET ADDRESS	Jean-Marie Pineault
CITY-ST-ZIP ST PETE FL		6.4 CITY-ST-ZIP	770-32nd Ave South Lot 119 St Petersburg, Florida 33705

14. I 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: Aline Guay **ALINE GUAY** 03-19-98 (813) 531-5974

CR2E037 (1097)