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Secretary of State

04-01-1999 90059 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743827

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

Principal Place of Business 4265 13 AVE N ST. PETERSBURG FL 33713 US	Mailing Address 12400 US 19 NORTH, LOT 421 ST. PETERSBURG FL 33764 US
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280716 - 90059 - 38 6 *



2. Principal Place of Business 21	2a. Mailing Address 26 17117 GULF BLVD - apt 627 No. Redington Beach - FL 33708	3. Date Incorporated or Qualified 08/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
		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 _____ 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	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROTEAU, GAETAN	1.2 NAME	VALLEE, JEAN-PAUL
STREET ADDRESS	770-32ND AVE, SOUTH #321	1.3 STREET ADDRESS	770-32ND AVE, SOUTH #218
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOILEAU, EUGENIE	2.2 NAME	LEVESQUE RAYMOND
STREET ADDRESS	17117 GULF BLVD, 627	2.3 STREET ADDRESS	5200, 28 ST. W. LOT 541
CITY-ST-ZIP	N REDDINGTON BCH FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAILLANCOURT, JACQUES	3.2 NAME	CYR FERNAND
STREET ADDRESS	3100 26TH AVE, NORTH, LOT 22	3.3 STREET ADDRESS	4070 71ST LANE N. 33709
CITY-ST-ZIP	ST. PETERSBURG FL 33713	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURNIER, ROMEO	4.2 NAME	ROY REGINALD
STREET ADDRESS	4050 4TH STREET, NORTH	4.3 STREET ADDRESS	115 7 Ave N
CITY-ST-ZIP	ST. PETERSBURG FL 33703	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUAY, ALINE	5.2 NAME	DAVIS, THERESE
STREET ADDRESS	12400 US 19 NORTH, LOT 44	5.3 STREET ADDRESS	10780-43th street no. - apt 701
CITY-ST-ZIP	ST. PETERSBURG FL 33764	5.4 CITY-ST-ZIP	CLEAR WATER - FL 33762
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINEAULT, JEAN-MARIE	6.2 NAME	
STREET ADDRESS	770 32ND AVENUE, SOUTH, LOT 119	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jacques Vaillancourt* **March 27 - 1999** Telephone **323-2318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037- (11/98)