

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State


03-17-2005 90016 029 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # 743827 | | | |  | |
| 1. Entity Name CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, INC. | | | | | |
| Principal Place of Business 4265 13 AVE N ST. PETERSBURG FL 33713 US | | Mailing Address 3600 42ND STREET S. APT. E SAINT PETERSBURG FL 33711 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NO-T APPLICABLE Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRISE, JEAN-RICHARD 3600 42ND ST. S. APT E SAINT PETERSBURG FL 33711 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MAILHOT, GUY | NAME |  | | |
| STREET ADDRESS | 2701 34 ST N 435 | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33713 | CITY-ST-ZIP | | | |
| TITLE | AT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRISE, JEAN-RICHARD | NAME |  | | |
| STREET ADDRESS | 3600 42ND ST. SOUTH, APT. E | STREET ADDRESS | | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33711 | CITY-ST-ZIP | | | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FONTAINE, ROBERT | NAME | ROBERGE, LIETTE | | |
| STREET ADDRESS | 370 - 53RD AVENUE NORTH, #420 | STREET ADDRESS | 4000 - 24TH STREET NORTH #911 | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33703 | CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | CELETTE, PERREALT | NAME | SOLANGE ANTAYA | | |
| STREET ADDRESS | 5151 4TH STREET NORTH #311 | STREET ADDRESS | 5151 4TH STREET NORTH #222 | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33703 | CITY-ST-ZIP | SAINT PETERSBURG FL | | |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | PLANTE, PIERRETTE | NAME | BRIZARD JEAN-LOUIS | | |
| STREET ADDRESS | 4000 - 24TH STREET NORTH #911 | STREET ADDRESS | 36 TIFFIN WAY | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | CITY-ST-ZIP | SEMINOLE FL 33773 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | ROBERGE, LIETTE | NAME | JULES DUBOIS | | |
| STREET ADDRESS | 4000 - 24TH STREET NORTH #410 | STREET ADDRESS | 770, 32 AVE SOUTH #617 | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | CITY-ST-ZIP | SAINT PETERSBURG FL 33705 | | |



1st MOORE CR2E037 (10/04)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: March 14 - 2005