

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 035 ****70.00



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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAILHOT, GUY	
STREET ADDRESS	2701 34 ST N 435	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GRISE, JEAN-RICHARD	
STREET ADDRESS	3600 42ND ST. SOUTH, APT. E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERGE, LIETTE	
STREET ADDRESS	4000-24TH STREET NORTH #911	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTAYA, SOLANGE	
STREET ADDRESS	5151 4TH STREET NORTH #222	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JEAN-LOUIS, BRIZARD	
STREET ADDRESS	36 TIFFIN WAY	
CITY-ST-ZIP	SEMINOLE FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUBOIS, JULES	
STREET ADDRESS	770 32 E. AVE SOUTH #617	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISE, JEAN-RICHARD	
STREET ADDRESS	3600, 42 ND ST SOUTH, APT 52 E	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRY JACQUELINE	
STREET ADDRESS	3600, 42 ND ST SOUTH, APT 52 E	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIZARD JEAN-LOUIS	
STREET ADDRESS	36, TIFFIN-WAY	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOUR DONALD	
STREET ADDRESS	2565 62 E AVE NORTH, LOT 404	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY, JEAN-PIERRE	
STREET ADDRESS	33, TIFFIN-WAY	
CITY-ST-ZIP	LARGO, FL 33773	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March-20-2006 867-6674

(727)

Date

Digitize: Ptkane #