

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 050 \*\*\*\*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. 52E, SAINT PETERSBURG FL 33711 US**

2. Principal Place of Business - No P.O. Box #  
 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**



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**GRISE, JEAN-RICHARD**  
**3600 42ND ST. S.**  
~~APTE~~  
**SAINT PETERSBURG FL 33711**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**APT 52E**  
 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, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	NAME: <b>GRISE, RICHARD J</b> STREET ADDRESS: <b>3600 42ND ST S APT 52 E</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33711</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T	NAME: <b>LANDRY, JACQUELINE</b> STREET ADDRESS: <b>3600 42ND ST S APT 52E</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33711</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP	NAME: <b>ROBERGE, LIETTE</b> STREET ADDRESS: <b>4000-24TH STREET NORTH #911</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33714</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>DONALD D'AMOURS</b> STREET ADDRESS: <b>2701, 34th ST NORTH #403</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33713</b>
TITLE: D	NAME: <b>BRIZARD, JEAN-LOUIS</b> STREET ADDRESS: <b>361 TIFFIN WAY</b> CITY-ST-ZIP: <b>LARGO FL 33773</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>EVELINE LESSARD</b> STREET ADDRESS: <b>4601, 30th AVE. NORTH</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33713</b>
TITLE: D	NAME: <b>D'AMOURS, DONALD</b> STREET ADDRESS: <b>2565 62 E AVE N LOT 404</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33702</b>	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>COLETTE PERRICAULT</b> STREET ADDRESS: <b>5151, 4th STREET NORTH #311</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33703</b>
TITLE: D	NAME: <b>LANDRY, GILLES</b> STREET ADDRESS: <b>2000 24TH STREET N LOT #703</b> CITY-ST-ZIP: <b>SAINT PETERSBURG FL 33714</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* DATE: **March 17, 2008** (927) 867-6674