

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743827

FILED
Mar 25, 2011
Secretary of State

Entity Name: CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, INC.

Current Principal Place of Business:

4265 13 AVE N
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

4601 30TH AVE NORTH
SAINT PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LESSARD, EVELYNE B
4601 30TH AVE NORTH
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: D'AMOURS, DONALD
Address: 2701 34 ST NORTH # 519
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VP
Name: VANDAL, ROBERT
Address: 3100 26TH ST NORTH LOT 2
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T
Name: CHARTIER, GINETTE
Address: 2331 BELLAIR RD NO 514
City-St-Zip: BELLAIR, FL 33756

Title: S
Name: LESSARO, EVELYNE B
Address: 4601 30TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D
Name: DUBUC, YVONNE M
Address: 4880 LOCUST ST. N E NO 336
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: EMARD, PIERRETTE
Address: 4000 24TH STREET N LOT # 1202
City-St-Zip: SAINT PETERSBURG, FL 33714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVELYNE B LESSARD

SEC

03/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date