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2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
<u>REPORT</u>

#### DOCUMENT# 743827

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

## Current Principal Place of Business:

4265 13 AVE N ST. PETERSBURG, FL 33713

## **Current Mailing Address:**

4601 30TH AVE NORTH SAINT PETERSBURG, FL 33713 US

## FEI Number: NOT APPLICABLE

#### Name and Address of Current Registered Agent:

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

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

#### Officer/Director Detail :

P	Title	VP
MARCOTTE, JOHANNE MRS	Name	BEAULIEU, ROBERT MR
2701 34 ST NORTH 106	Address	5855 30TH ST N 27
SAINT PETERSBURG FL 33713	City-State-Zip:	SAINT PETERSBURG FL 33714
TREASURER	Title	D
BELANGER, RICHARD MR	Name	GROULX, RAYMOND MR
5904 30TH WAY N	Address	5200 28TH ST N #166
ST. PETERSBURG FL 33714	City-State-Zip:	SAINT PETERSBURG FL 33714
D	Title	D
	Title Name	D DEVOE, LOUIS MR
D DUBUC, YVONNE MRS 4880 LOCUST ST. N E NO 336		-
D DUBUC, YVONNE MRS	Name	DEVOE, LOUIS MR 119 POMPANO DR SE UNIT B
D DUBUC, YVONNE MRS 4880 LOCUST ST. N E NO 336	Name Address	DEVOE, LOUIS MR 119 POMPANO DR SE UNIT B
D DUBUC, YVONNE MRS 4880 LOCUST ST. N E NO 336 SAINT PETERSBURG FL 33703	Name Address City-State-Zip:	DEVOE, LOUIS MR 119 POMPANO DR SE UNIT B SAINT PETERSBURG FL 33705
D DUBUC, YVONNE MRS 4880 LOCUST ST. N E NO 336 SAINT PETERSBURG FL 33703 DIRECTOR	Name Address City-State-Zip: Title	DEVOE, LOUIS MR 119 POMPANO DR SE UNIT B SAINT PETERSBURG FL 33705 DIRECTOR
	MARCOTTE, JOHANNE MRS 2701 34 ST NORTH 106 SAINT PETERSBURG FL 33713 TREASURER BELANGER, RICHARD MR 5904 30TH WAY N	MARCOTTE, JOHANNE MRSName2701 34 ST NORTH 106AddressSAINT PETERSBURG FL 33713City-State-Zip:TREASURERTitleBELANGER, RICHARD MRName5904 30TH WAY NAddress

#### Continues on page 2

SECRETARY

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

Electronic Signature of Signing Officer/Director Detail

# Apr 21, 2016 Secretary of State CC2274232655

FILED

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	SECRETARY
Name	CARON, MARJOLAINE MRS	Name	LESSARD, EVELYNE B MRS
Address	2710 34TH ST N 520	Address	4601 30TH AVE NORTH SAINT PETERSBURG FL 33713
City-State-Zip:	ST PETERSBURG FL 33713		SAINT ETEROBORG PE 33/13

Title	DIRECTOR	
Name	LARAMEE	, JEAN-PAUL

Address 2419 GULF TO BAY 1215

City-State-Zip: CLEARWATER FL 33765