

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743827

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC9462473663**

**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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARCOTTE, JOHANNE MRS  
Address 2701 34 ST NORTH  
106  
City-State-Zip: SAINT PETERSBURG FL 33713

Title VP  
Name BEAULIEU, ROBERT MR  
Address 5855 30TH ST N  
27  
City-State-Zip: SAINT PETERSBURG FL 33714

Title TREASURER  
Name BELANGER, RICHARD MR  
Address 5904 30TH WAY N  
City-State-Zip: ST. PETERSBURG FL 33714

Title D  
Name GROULX, RAYMOND MR  
Address 5200 28TH ST N #166  
City-State-Zip: SAINT PETERSBURG FL 33714

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

Title D  
Name DEVOE, LOUIS MR  
Address 119 POMPANO DR SE  
UNIT B  
City-State-Zip: SAINT PETERSBURG FL 33705

Title DIRECTOR  
Name NANTEL, DENISE MRS  
Address 5200 28TH ST N  
629  
City-State-Zip: ST PETERSBURG FL 33714

Title DIRECTOR  
Name CARON, MARCEL MR  
Address 5200 28TH ST. N  
520  
City-State-Zip: ST PETERSBURG FL 33714

**Continues on page 2**

*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**

**SECRETARY**

**03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CARON, MARJOLAINE MRS  
Address        2710 34TH ST N  
                  520  
City-State-Zip: ST PETERSBURG FL 33713

Title           SECRETARY  
Name           LESSARD, EVELYNE MRS  
Address        4601 30TH AVE N  
City-State-Zip: ST PETERSBURG FL 33713