

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743827 (8)

1. Corporation Name
CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I NC.



Principal Place of Business
**2701 34TH STR NO
LOT 246
ST. PETERSBURG FL 33713
US**

Mailing Address
**2701 34TH STR NO
LOT 246
ST. PETERSBURG FL 33713
US**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
08/07/1978

3a. Date of Last Report
03/15/1995

4. FEI Number
59-1650904

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VAILLANCOURT, ROBIN A.
1401 WEST BAY DRIVE
LARGO, FL MH
34676**

2530 West Bay Drive

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and street address (if applicable) (FEE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PROTEAU, GAETAN	
STREET ADDRESS	770-32ND AVE, SOUTH #321	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUDON, MARCEL	
STREET ADDRESS	4000-24TH ST NORTH LOT 228	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAUCHY, MARGOT	
STREET ADDRESS	38 TIFFIN WAY	
CITY-ST-ZIP	LARGO ST	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PICARD, ROBERT	
STREET ADDRESS	832 BAY STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOUCET, AZARIAS	
STREET ADDRESS	2701 34TH STR NO LOT 246	
CITY-ST-ZIP	ST PETE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROTEAU, THERESE	
STREET ADDRESS	770 32ND AVE SO #412	
CITY-ST-ZIP	ST PETE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer - Director
2.3 STREET ADDRESS	Gilberte Loclere
2.4 CITY-ST-ZIP	2701-34th St, North Lot 139 St. Petersburg Florida 33713
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Nicole Huot
4.4 CITY-ST-ZIP	800-32nd Ave South Lot 212 St. Petersburg, Florida 33705
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33713
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Azarias Doucet* Azarias Doucet (813) 323-0027
Date: March 21, 1996
Daytime Phone #

CR2E037 (12/95)