

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743827 (8)**

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



Principal Place of Business <b>2701 34TH STR NO LOT 246 ST. PETERSBURG FL 33713 US</b>	Mailing Address <b>2701 34TH STR NO LOT 246 ST. PETERSBURG FL 33713-3648 US</b>
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3. Date Incorporated or Qualified <b>08/07/1978</b>	3a. Date of Last Report <b>03/28/1996</b>
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2. Principal Place of Business <b>21 St. Petersburg, Fla</b>	2a. Mailing Address <b>26 2701 - 34th St North</b>
Suite, Apt. #, etc. <b>22 4265 - 13th Ave North</b>	Suite, Apt. #, etc. <b>27 Lot 246</b>
City & State <b>23 St. Petersburg, Fla</b>	City & State <b>28 St. Petersburg, Fla</b>
Zip <b>24 33713</b>	Country <b>25 Pinellas</b>
Zip <b>29 33713</b>	Country <b>30 Pinellas</b>

4. FEI Number <b>59-1650904</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAILLANCOURT, ROBIN A.  
2530 WEST BAY DRIVE  
LARGO, FL MH 34640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	LECLERC, GILBERTE	
STREET ADDRESS	2701-34TH ST NORTH LOT 139	
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 type="checkbox"/> DELETE
NAME	HUOT, NICOLE	
STREET ADDRESS	800-32ND AVE SOUTH LOT 212	
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	TD Eugénie Boileau
2.3 STREET ADDRESS	17117 Gulf Blvd APT 627
2.4 CITY-ST-ZIP	North Reddington Beach, Fla 33708
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Azarias) dated 3/19/97 (813) 323-0027  
Date Daytime Phone # 0050999

CR2E037 (9/96)