

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>4265 19 AVE N ST. PETERSBURG FL 33713 US</b>	Mailing Address <b>2701 34 ST N LOT 246 ST. PETERSBURG FL 33713 US</b>
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3. Date Incorporated or Qualified <b>06/07/1978</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Lo2 12400-US 19 North, 421</b>
City & State 23	City & State 28 <b>St. Petersburg, Florida</b>
Zip 24	Country 25 <b>U.S.A</b>
Country 25	Zip 29 <b>33764</b>
	Country 30 <b>U.S.A</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>VAILLANCOURT, ROBIN A. 2530 WEST BAY DRIVE LARGO, FL MH 34640</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PROTEAU, GAETAN</b>		1.2 NAME	
STREET ADDRESS <b>770-32ND AVE, SOUTH #321</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOILEAU, EUGENIE</b>		2.2 NAME	
STREET ADDRESS <b>17117 GULF BLVD, 627</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>N REDDINGTON BCH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAUCHY, MARGOT</b>		3.2 NAME	<b>President</b>
STREET ADDRESS <b>38 TIFFIN WAY</b>		3.3 STREET ADDRESS	<b>Jacques Vaillancourt</b>
CITY-ST-ZIP <b>LARGO ST</b>		3.4 CITY-ST-ZIP	<b>3100-26th Ave North Lot 22 St. Petersburg, Florida 33713</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUOT, NICOLE</b>		4.2 NAME	<b>Director</b>
STREET ADDRESS <b>800-32ND AVE SOUTH LOT 212</b>		4.3 STREET ADDRESS	<b>Roméo Tournier</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		4.4 CITY-ST-ZIP	<b>4050-4th St. North St. Petersburg, Florida 33703</b>
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOUCET, AZARIAS</b>		5.2 NAME	<b>secretary</b>
STREET ADDRESS <b>2701 34TH STR NO LOT 246</b>		5.3 STREET ADDRESS	<b>Aline Guay</b>
CITY-ST-ZIP <b>ST PETE FL</b>		5.4 CITY-ST-ZIP	<b>12400-US 19 North, Lot 421 St. Petersburg, Florida 33764</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PROTEAU, THERESE</b>		6.2 NAME	<b>Director</b>
STREET ADDRESS <b>770 32ND AVE SO #412</b>		6.3 STREET ADDRESS	<b>Jean-Marie Pineault</b>
CITY-ST-ZIP <b>ST PETE FL</b>		6.4 CITY-ST-ZIP	<b>770-32nd Ave South Lot 119 St Petersburg, Florida 33705</b>

14. I 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: Aline Guay **ALINE GUAY** 03-19-98 (813) 531-5974

CR2E037 (1097)