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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743827

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

Principal Place of Business 4265 13 AVE N ST. PETERSBURG FL 33713 US	Mailing Address 12400 US 19 NORTH, LOT 421 ST. PETERSBURG FL 33764 US
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 280716 - 90059 - 38 6 *



2. Principal Place of Business 21	2a. Mailing Address 26 17117 GULF BLVD - apt 627 No. Redington Beach - FL 33708	3. Date Incorporated or Qualified 08/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 VP <input checked="" type="checkbox"/> DELETE	NAME PROTEAU, GAETAN	1.1 TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME VALLEE, JEAN-PAUL
STREET ADDRESS 770-32ND AVE, SOUTH #321	CITY-ST-ZIP ST. PETERSBURG FL	1.3 STREET ADDRESS 770-32ND AVE, SOUTH #218	1.4 CITY-ST-ZIP ST. PETERSBURG FL 33705
TITLE TD <input type="checkbox"/> DELETE	NAME BOILEAU, EUGENIE	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME LEVESQUE RAYMOND
STREET ADDRESS 17117 GULF BLVD, 627	CITY-ST-ZIP N REDDINGTON BCH FL	2.3 STREET ADDRESS 5200, 28 ST. W. LOT 541	2.4 CITY-ST-ZIP ST. PETERSBURG FL 33714
TITLE P <input type="checkbox"/> DELETE	NAME VAILLANCOURT, JACQUES	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME CYR FERNAND
STREET ADDRESS 3100 26TH AVE, NORTH, LOT 22	CITY-ST-ZIP ST. PETERSBURG FL 33713	3.3 STREET ADDRESS 4070 71ST LANE N. 33709	3.4 CITY-ST-ZIP ST. PETERSBURG FL 33709
TITLE D <input type="checkbox"/> DELETE	NAME FOURNIER, ROMEO	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME ROY REGINALD
STREET ADDRESS 4050 4TH STREET, NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33703	4.3 STREET ADDRESS ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP ST. PETERSBURG FL 33701
TITLE S <input type="checkbox"/> DELETE	NAME GUAY, ALINE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME DAVIS, THERESE
STREET ADDRESS 12400 US 19 NORTH, LOT 44	CITY-ST-ZIP ST. PETERSBURG FL 33764	5.3 STREET ADDRESS 10780-43th street no. - apt 701	5.4 CITY-ST-ZIP CLEAR WATER - FL 33762
TITLE D <input checked="" type="checkbox"/> DELETE	NAME PINEAULT, JEAN-MARIE	6.1 TITLE	6.2 NAME
STREET ADDRESS 770 32ND AVENUE, SOUTH, LOT 119	CITY-ST-ZIP ST. PETERSBURG FL 33705	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Jacques Vaillancourt **Signature Required** Date: March 27 - 1999 Telephone: 323-2318

CR2E037- (11/98)