

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 035 ****70.00



DOCUMENT #743827

1. Entity Name

CANADIAN-FRANCO-AMERICAN CLUB, ST.
PETERSBURG, INC.

Principal Place of Business

4265 13 AVE N
ST. PETERSBURG FL 33713
US

Mailing Address

3600 42ND STREET S.
APT. E
SAINT PETERSBURG FL 33711
US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISE, JEAN-RICHARD
3600 42ND ST. S.
APT E
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MAILHOT, GUY | |
| STREET ADDRESS | 2701 34 ST N 435 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33713 | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | GRISE, JEAN-RICHARD | |
| STREET ADDRESS | 3600 42ND ST. SOUTH, APT. E | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33711 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROBERGE, LIETTE | |
| STREET ADDRESS | 4000-24TH STREET NORTH #911 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33714 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANTAYA, SOLANGE | |
| STREET ADDRESS | 5151 4TH STREET NORTH #222 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33703 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | JEAN-LOUIS, BRIZARD | |
| STREET ADDRESS | 36 TIFFIN WAY | |
| CITY-ST-ZIP | SEMINOLE FL 33773 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DUBOIS, JULES | |
| STREET ADDRESS | 770 32 E. AVE SOUTH #617 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33705 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRISE, JEAN-RICHARD | |
| STREET ADDRESS | 3600, 42 ND ST SOUTH, APT 52 E | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33711 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANDRY JACQUELINE | |
| STREET ADDRESS | 3600, 42 ND ST SOUTH, APT 52 E | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33711 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIZARD JEAN-LOUIS | |
| STREET ADDRESS | 36, TIFFIN-WAY | |
| CITY-ST-ZIP | LARGO, FL 33773 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIAMOUR DONALD | |
| STREET ADDRESS | 2565 62 E AVE NORTH, LOT 404 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33702 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROY, JEAN-PIERRE | |
| STREET ADDRESS | 33, TIFFIN-WAY | |
| CITY-ST-ZIP | LARGO, FL 33773 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March-20-2006 867-6674

Date

Digitize: Ptkane #

(727)