


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90978 001 ****61.25
03-24-2003 90978 002 ****8.75

DOCUMENT # 743827

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



Principal Place of Business
**4265 13 AVE N
ST. PETERSBURG FL 33713
US**

Mailing Address
~~121 BUTTON WOOD CIRCLE
LARGO FL 33777
US~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**3600 42nd ST. S.
APT. E
ST. PETERSBURG
FL 33711 USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**RACHEL GENDRON
121 BUTTONWOOD CIRCLE
LARGO FL 33777**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name **JEAN-RICHARD GRISÉ**
Street Address (P.O. Box Number is Not Acceptable)
3600 42nd, ST. S. APT. E
City **ST. PETERSBURG** FL Zip Code **33711**

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 **JEAN-RICHARD GRISÉ** *J. Grise* **03-17-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

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

FILE NOW: FEE IS \$61.25 **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAILHOT, GUY	
STREET ADDRESS	2701 34 ST N 435	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, GHISLAND	
STREET ADDRESS	770 32 AVE S 309	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CAUCHY, MARGOT	
STREET ADDRESS	38 TIFFIN WAY	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOURNIER, ROMEO	
STREET ADDRESS	4050 4TH STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALINE, GUAY	
STREET ADDRESS	US 19 NORD #421	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EMOND, ODETTE	
STREET ADDRESS	270 BARNARD BLVD N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAILHOT, GUY	
STREET ADDRESS	2701 34 ST. N 435	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN-RICHARD GRISÉ	
STREET ADDRESS	3600, 42ND STREET SOUTH APT. E	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FONTAINE	
STREET ADDRESS	370-53RD AVENUE NORTH # 420	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO DOCHESNE	
STREET ADDRESS	4050 4TH STREET NORTH # 215	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRETTE PLANTÉ	
STREET ADDRESS	4000-24TH STREET NORTH #911	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLETTE ROBERGE	
STREET ADDRESS	4000-24TH STREET NORTH #410	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	

12. 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 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: **JEAN-RICHARD GRISÉ** *J. Grise* **03-17-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)