## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary/of State

DIVISION OF CORPORATIONS

| 1991                         | OF THE  | STRUCTOR CONTROLLER |  |  |  |  |  |  |  |
|------------------------------|---------|---------------------|--|--|--|--|--|--|--|
| DOCUMENT # N9300000920 (9)   |         |                     |  |  |  |  |  |  |  |
| CANADIAN AMERICAN CLUB, INC. |         |                     |  |  |  |  |  |  |  |
| Principal Place of Business  | Mailing | g Address           |  |  |  |  |  |  |  |

**FILED** May 20 1997 8:00am Secretary of State



| 2460 S.W. 51ST<br>FT LAUDERDALI  |                        |                        |           |                     | S.W. 51ST ST.<br>AUDERDALE FL 33312 | -6069      | 9                         |   |   |  |  |  |
|--|------------------------|------------------------|-----------|---------------------|-------------------------------------|------------|---------------------------|---|---|--|--|--|
|  |                        |                        |           |                     |                                     |            |                           |   | 3. Date Incorporated or Qualified   |  |  |  |
| 2. Principal Place of Business   |                        |                        |           | 2a. Mailing Address |                                     |            | <del></del>               |   | 4. FEI Number Applied For   |  |  |  |
| 21   |                        |                        |           | 26                  |                                     |            |                           |   | NOT APPLICABLE Not Applicable   |  |  |  |
| Sulte, Apt. #, etc.  |                        |                        |           | Suite, Apt. #, etc. |                                     |            |                           |   | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required  |  |  |  |
| City & State   |                        |                        |           | City & State        |                                     |            |                           |   | 6. Election Campaign Financing \$5.00 May Be  |  |  |  |
| 23   |                        |                        |           | Zip Country         |                                     |            | Countr                    |   | Trust Fund Contribution LJ Added to Fees  |  |  |  |
| Zip  |                        | Country<br>25          |           | ⊢                   | rib                                 | 30         | Country                   | ′   | B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes                           |  |  |  |
| 24   | 9 Name                 | and Address o          | Current F | 29<br>Registe       | red Agent                           | 30         |                           |   | 10. Name and Address of New Registered Agent  |  |  |  |
|  | <b>8.</b> Hanto        | and Addiese o          | Continu   | tograte             | nou Agont                           |            | 81                        | Name  | (U. Humb and Address of Heat Hegisterioù Agent  |  |  |  |
| I ADOINT   | , CLEMEN               | т                      |           |                     |                                     |            | -                         |   |   |  |  |  |
|  | , olemen<br>V. 51ST S1 |                        |           |                     |                                     |            | B2                        | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |  |  |
|  | ERDALE F               |                        |           |                     |                                     |            | 83                        | <del> </del>  |   |  |  |  |
| PT DAOD  | CUDALL I               | L 03012                |           |                     |                                     |            | _                         |   |   |  |  |  |
|  |                        |                        |           |                     |                                     |            | 84                        | City  | FL 85 Zip Code  |  |  |  |
| 11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant for th |                        |                        |           |                     |                                     |            |                           |   |   |  |  |  |
| SIGNATURE _  |                        |                        |           |                     |                                     |            |                           |   | ·   |  |  |  |
|  | Signature, typed       | or printed name of reg |           |                     |                                     |            |                           | ent signature   | required when reinslating) DATE   |  |  |  |
| 12.<br>TITLE   | Р                      | OFFIC                  | ERS AND   | JIRECT              | DELETE                              | -          | 13.<br>1.1 1(TL€          |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition |  |  |  |
|  | •                      | , MICHELINE            |           |                     |                                     |            | 1.2 NAME                  |   | FILION YOLANDE  |  |  |  |
| NAME   |                        |                        |           |                     |                                     |            |                           |   | 2151 S.W. JAND STREET   |  |  |  |
| STREET ADDRESS   |                        |                        |           |                     | - 1                                 |            | ADDRESS                   | ( · '!  |   |  |  |  |
| CITY-ST-ZIP<br>TITLE   | T                      | DENDALE IL 3           | 33 IZ     |                     | DELETE                              |            | 1.4 CITY - 5<br>2.1 TITLE | 51-ZIP  | FT. LAUDERDALE FL 33312   |  |  |  |
| NAME   | I ADUIN                | TE CLEMENT             |           |                     |                                     |            | 2.2 NAME                  |   | PAQUETTE ANTONIA  |  |  |  |
| STREET ADDRESS   |                        |                        |           |                     |                                     | 2.3 STREET | ANNOTES                   | 5201 SW 22 ND AVENUE                                  |   |  |  |  |
| CITY-ST-ZIP  |                        |                        |           |                     |                                     | - 1        | 2. 4 CITY-                | · · · J   | FT. LAUDERDALE FL. 33312  |  |  |  |
| TITLE  | D                      | DETIDITEE TE S         | , , , ,   |                     | DELETE                              |            | 31 TITLE                  | 01-211  | D. □ Change ☑ Addition  |  |  |  |
| NAME   | _                      | D, MICHELINE           |           |                     |                                     | - 1        | 3.2 NAME                  |   | LABRIE ANDRE  |  |  |  |
| STREET ADDRESS   |                        | V 23 TERRACO           |           |                     |                                     | - 1        |                           | ADDRESS   | 5211 SW 25 AVENUE   |  |  |  |
| CITY-ST-ZIP  |                        | DERDALE FL 3           |           |                     |                                     | 1          | 3.4. CITY-                | 1   | FT. LAUDERDALE 33312  |  |  |  |
| TITLE  | D                      |                        |           |                     | DELETE                              | 7          | 4.1 TITLE                 | U   | D Change Addition   |  |  |  |
| NAME   | CORRIV                 | EAU, ODETTE            |           |                     |                                     | ı          | 4. 2 NAME                 |   | POLICIER NORMAND  |  |  |  |
| STREET ADDRESS   |                        | V 29 TERRAC            | E         |                     |                                     | - [        | 4.3 STREET                | ADDRESS   | 5292 SW 22 AVE  |  |  |  |
| CITY-ST-ZIP  | FT LAUI                | DERDALE FL 3           | 3312      |                     |                                     | 1          | 4.4 CITY - 1              | S1- <i>7</i> (P                                       | FT. LAVDERDALE 33312  |  |  |  |
| TITLE  |                        |                        |           |                     | DELFTE                              |            | 5.1 TITLE                 |   | Change Addition   |  |  |  |
| NAME   |                        |                        |           |                     |                                     |            | 5.2 NAME                  |   |   |  |  |  |
| STREET ADDRESS   |                        |                        |           |                     |                                     |            | 5.3 STREE                 | ADDRESS   |   |  |  |  |
| CITY-ST-ZIP  |                        |                        |           |                     |                                     |            | 5.4 CITY-5                | ST-ZIP  |   |  |  |  |
| TITLE  |                        |                        |           |                     | DELETE                              | 1          | 6.1 TITLE                 |   | ☐ Change ☐ Addition   |  |  |  |
| NAME   |                        |                        |           |                     |                                     |            | 6.2 NAME                  | ĺ   |   |  |  |  |
| STREET ADDRESS   |                        |                        |           |                     |                                     |            | 6.3 STREE                 | ADDRESS   |   |  |  |  |
| CITY-ST-ZIP  |                        |                        |           |                     |                                     |            | 6.4 CITY-S                | ST-ZIP  |   |  |  |  |

14. 136 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 eath; 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.