

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Merriam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JUL 31 PM 3:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # N96000004388 (2)**

1. Corporation Name

**THE BREAKFAST CLUB OF GAINESVILLE, INC.**

Principal Place of Business	Mailing Address
3463 N.W. 13TH STREET GAINESVILLE FL 32609	3483 N.W. 13TH STREET GAINESVILLE FL 32609-2172

3. Date Incorporated or Qualified <b>08/19/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3398610</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**JOHNSON, JULIE A**  
**3463 N.W. 13TH STREET**  
**GAINESVILLE FL 32609**

**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

11. Pursuant to the provisions of Section 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**

TITLE	<del>PRESIDENT</del> <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD
NAME	<del>WILLIAM MORRIS</del>
STREET ADDRESS	<del>4400 N.W. 36th AVENUE</del>
CITY-ST-ZIP	<del>GAINESVILLE, FL 32606</del>
TITLE	<del>VICE PRESIDENT</del> <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD
NAME	<del>LEWIS GASTON</del>
STREET ADDRESS	<del>1220 N.W. 8th STREET</del>
CITY-ST-ZIP	<del>GAINESVILLE, FL 32601</del>
TITLE	<del>DIRECTOR</del> <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD
NAME	<del>JULIE A. JOHNSON</del>
STREET ADDRESS	<del>3463 N.W. 13th STREET</del>
CITY-ST-ZIP	<del>GAINESVILLE, FL 32609</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM MORRIS</b>
1.3 STREET ADDRESS	<b>4400 N.W. 36th AVENUE</b>
1.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>
2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LEWIS GASTON</b>
2.3 STREET ADDRESS	<b>1220 N.W. 8th STREET</b>
2.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32601</b>
3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>REIC CHEN</b>
3.3 STREET ADDRESS	<b>2711 N.W. 6th STREET</b>
3.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32609</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JULIE A. JOHNSON</b>
4.3 STREET ADDRESS	<b>3463 N.W. 13th STREET</b>
4.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32609</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002257892-4</b>
5.3 STREET ADDRESS	<b>-08/05/97--01046--011</b>
5.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_

CR2E037 (9/96)