

FILE NCW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90042 002 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000004388**

1. Corporation Name  
**THE BREAKFAST CLUB OF GAINESVILLE, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/19/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		59-3398610	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, JULIE A 3463 N.W. 13TH STREET GAINESVILLE FL 32609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELL, VIVIAN	1.2 NAME	
STREET ADDRESS	2814 SW 34TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, JOHN	2.2 NAME	GALAMBOS, CARL
STREET ADDRESS	305 SW 127TH STREET	2.3 STREET ADDRESS	1144 N.W. 76TH BLVD
CITY-ST-ZIP	NEWBERRY FL 32669	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIN, RICK	3.2 NAME	PURSELL, PERRY
STREET ADDRESS	2711 N.W. 6TH STREET	3.3 STREET ADDRESS	5542 N.W. 43RD ST.
CITY-ST-ZIP	GAINESVILLE FL 32609	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JULIE A	4.2 NAME	
STREET ADDRESS	3463 N.W. 13TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITA, MELISSA	5.2 NAME	
STREET ADDRESS	4460 SW 20TH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLIMAN, SIMA	6.2 NAME	FOLMER, RICK
STREET ADDRESS	5907 NW 57TH WAY	6.3 STREET ADDRESS	6207 SW 35TH WAY
CITY-ST-ZIP	GAINESVILLE FL 32653	6.4 CITY-ST-ZIP	GAINESVILLE, FL 32608

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: *[Signature]* DATE: 4/26/99 (352) 373-5233

CR2E037 (11/98)