

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N96000004383**

1. Entity Name

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

Principal Place of Business

**300 EAST UNIVERSITY AVENUE  
 STE 100  
 GAINESVILLE FL 32601**

Mailing Address

**P.O. BOX 357121  
 GAINESVILLE FL 32635-7121**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

**59-3398610**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZY, VICTOR  
 830 NW 13 STREET  
 GAINESVILLE FL 32601**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
P	HAZY, VICTOR	P.O. BOX 357121	GAINESVILLE FL 32635-7121	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	LECLEAR, CALVIN	P.O. BOX 357121	GAINESVILLE FL 32635-7121	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SECY	SCHILLING, LOU	P.O. BOX 357121	GAINESVILLE FL 32635-7121	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

U00000687279  Change  Addition  
 04/10/07-80033-019 61.25

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: *V. Hazy*

3/30/07 352-331-2691