
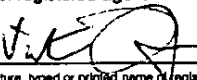
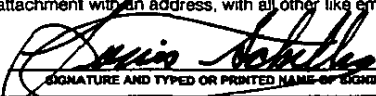


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 040 ****61.25

DOCUMENT # N96000004388							
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.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-3398610				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. 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 				DATE 3/27/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete		TITLE	P		
NAME	HAZY, VICTOR			NAME	Lou Schilling		
STREET ADDRESS	P.O. BOX 357121			STREET ADDRESS	P.O. Box 357121		
CITY-ST-ZIP	GAINESVILLE, FL 326357121			CITY-ST-ZIP	Gainesville, FL 32635		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	V		
NAME	LECLEAR, CALVIN			NAME	Victor Hazy		
STREET ADDRESS	P.O. BOX 357121			STREET ADDRESS	P.O. Box 357121		
CITY-ST-ZIP	GAINESVILLE, FL 326357121			CITY-ST-ZIP	Gainesville, FL 32635		
TITLE	SECY	<input checked="" type="checkbox"/> Delete		TITLE	S		
NAME	SCHILLING, LOU			NAME	Barbara Roberts		
STREET ADDRESS	P.O. BOX 357121			STREET ADDRESS	P.O. Box 357121		
CITY-ST-ZIP	GAINESVILLE, FL 326357121			CITY-ST-ZIP	Gainesville, FL 32635		
TITLE		<input type="checkbox"/> Delete		TITLE	T		
NAME				NAME	Debbie DeLoach		
STREET ADDRESS				STREET ADDRESS	P.O. Box 357121		
CITY-ST-ZIP				CITY-ST-ZIP	Gainesville, FL 32635		
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				LOUIS SCHILLING			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				3-14-08 (352) 278-3264			
				Daytime Phone #			