

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90008 035 ****61.25

DOCUMENT # N99000006996

1. Entity Name

THE BREAKFAST CLUB OF OCALA, INC.



Principal Place of Business

2801 SOUTHWEST COLLEGE ROAD #25
C/O THE REAL ESTATE CENTER
OCALA FL 34474

Mailing Address

2801 SOUTHWEST COLLEGE ROAD#25
C/O THE REAL ESTATE CENTER
OCALA FL 34474

44018616



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599643

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

WRIGHT, LAURA
C/O THE REAL ESTATE CENTER
2801 SOUTHWEST COLLEGE ROAD #25
OCALA FL 34474

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, 2004

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	STD	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, JOHN	
STREET ADDRESS	1107 E SILVERSPR BLVD STE 6	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHT, LAURA	
STREET ADDRESS	2801 SW COLLEGE RD #25	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LAURA	
STREET ADDRESS	2801-SW-COLLEGE RD 25	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GOMPERS, KEVIN	
STREET ADDRESS	1071 EAST ORIOLE CT	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sturgis	
STREET ADDRESS	5393 SW 89th Street	
CITY-ST-ZIP	Ocala Fl 34476	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Wright	
STREET ADDRESS	2801 SW College Rd. #25 (2B)	
CITY-ST-ZIP	Ocala Fl. 34474	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Mosby	
STREET ADDRESS	924 NE 24th Street	
CITY-ST-ZIP	Ocala Fl. 34470	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Fourakre	
STREET ADDRESS	2691 SE 52nd Street	
CITY-ST-ZIP	Ocala Fl. 34480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Laura M. Wright* **VP** *3/15/04* **(352)** *873-8733*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #