

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N99000006996

Entity Name: THE BREAKFAST CLUB OF OCALA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3599643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, ANDY
Address: 4758 W. CUSTER DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: PD (X) Change () Addition
Name: RANGERS, CATHY
Address: 3133 SW 32ND AVE
City-St-Zip: OCALA, FL 34474

Title: VPD () Delete
Name: WRIGHT, LAURA
Address: 2801 SW COLLEGE RD #25
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Delete
Name: MOSBY, KIM
Address: 924 NW 24TH STREET
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Delete
Name: FOURAKRE, SHARON
Address: 2691 SE 52ND STREET
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P FOURAKRE

TRES

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date