

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006996

FILED  
Apr 30, 2007  
Secretary of State

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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

TD

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date