

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705122

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** THE BREAKFAST OPTIMIST CLUB OF DOWNTOWN TAMPA, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

% LAWRENCE SIEGEL  
8714 HIGHLAND AVE.  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

% LAWRENCE SIEGEL  
8714 HIGHLAND AVE.  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 58-6168856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEGEL, LAWRENCE  
8714 HIGHLAND AVE.  
TAMPA, FL 33604 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: D ( ) Delete  
Name: ERNST, PATRICIA  
Address: 5105 ZION STREET  
City-St-Zip: TAMPA, FL 33511

Title: ST ( ) Delete  
Name: SIEGEL, MARY A  
Address: 8714 N HIGHLAND AVE  
City-St-Zip: TAMPA, FL 33604

Title: P ( ) Delete  
Name: SIEGEL, LAWRENCE,  
Address: 8714 HIGHLAND AVE.  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: POKORNY, ELIZABETH  
Address: 8714 NORTH HIGHLAND AVE  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: POKORNY, WILLIAM A  
Address: 4213 SW 80TH ST  
City-St-Zip: GAINESVILLE, FL 32608

**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:

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: LAWRENCE SIEGEL, SR.

PRES

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date