

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003312

FILED
Jun 25, 2009
Secretary of State

Entity Name: BREAK AWAY: THE ALTERNATIVE BREAK CONNECTION, INC.

Current Principal Place of Business:

930 WEST PARK AVE
TALLAHASSEE, FL 323064180

New Principal Place of Business:

Current Mailing Address:

600 MEANS STREET NW
ATLANTA, GA 30318

New Mailing Address:

2451 CUMBERLAND PARKWAY
ATLANTA, GA 30339

FEI Number: 59-3647339 **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:

MOELLER, WILLIAM
930 WEST PARK AVE
TALLAHASSEE, FL 323064180 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: DT () Delete
Name: ABEL, DAMIEN
Address: 3826 CLOUDLAND DRIVE
City-St-Zip: SMYRNA, GA 30082

Title: DC () Delete
Name: CARUSO, STEPHEN
Address: 15 NEDSHIRE DRIVE
City-St-Zip: MIDDLETOWN, NJ 07748

Title: DS () Delete
Name: KIESA, ABBY
Address: 7427 CARROLL AVE #2
City-St-Zip: TAKOMA PARK, MD 20912

Title: D () Delete
Name: PEARCE, MATTHEW J
Address: 1853 CRESTLINE DRIVE NE
City-St-Zip: ATLANTA, GA 30345

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: D (X) Change () Addition
Name: LARSEN, CATHERINE
Address: 1240 W. 1480 N.
City-St-Zip: OREM, UT 84057

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: CATHERINE LARSEN

D

06/25/2009

Electronic Signature of Signing Officer or Director

Date