

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003312

FILED  
Feb 24, 2010  
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:**

2451 CUMBERLAND PARKWAY  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 59-3647339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: ABEL, DAMIEN  
Address: 3826 CLOUDLAND DRIVE  
City-St-Zip: SMYRNA, GA 30082

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

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

Title: D  
Name: LARSEN, CATHERINE  
Address: 1240 W. 1480 N.  
City-St-Zip: OREM, UT 84057

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE LARSEN

MS.

02/24/2010

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

\_\_\_\_\_  
Date