
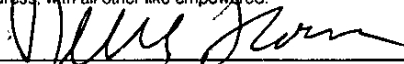


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90012 014 \*\*\*\*70.00

<b>DOCUMENT # N04000011092</b>					
1. Entity Name BREAKFAST CLUB AMERICA OF TAMPA BAY, INC.					
Principal Place of Business 100 SECOND AVENUE NORTH SUITE 150 ST. PETERSBURG, FL 33701			Mailing Address 100 SECOND AVENUE NORTH SUITE 150 ST. PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1968170</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>BRAINARD C. SCOTT</del> <del>5900 CENTRAL AVENUE</del> <del>SUITE 202</del> <del>ST. PETERSBURG, FL 33710</del>			Sloan, Russ 100 Second Ave N, #150 St. Petersburg, FL 33701		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	DCH	Sher, Craig
CITY-ST-ZIP			CITY-ST-ZIP	5858 Central Ave	St. Petersburg, FL 33707
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	DCE	Wilkinson, John
STREET ADDRESS			STREET ADDRESS	7555 Dr. M. L. King St. North	St. Petersburg, FL 33702
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	DIPC	Ross, Howard
STREET ADDRESS			STREET ADDRESS	980 Tyrone Blvd.	St. Petersburg, FL 33710
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	DT	Stroud, J. Mark
STREET ADDRESS			STREET ADDRESS	360 Central Avenue #970	St. Petersburg, FL 33701
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	P	Sloan, Russ
STREET ADDRESS			STREET ADDRESS	100 Second Ave. N., #150	St. Petersburg, FL 33701
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>3-12-05</b> (721) 821-4069		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Codes: DCH=Chair; DCE=Chair-Elect; DIPC=Immediate Past Chair; DT=Treasurer  
P=President