FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44857** **(3)**

1. Corporation Name
GAINESVILLE BREAKFAST CIVITAN CLUB, INC.

Principal Place of Business	Mailing Address
7020 LAKE SHORE DR. GAINESVILLE FL 32601	7020 LAKE SHORE DR. GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1991
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3044343 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

BAKER, DOROTHY
7020 LAKE SHORE DR.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☑ Change ☐ Addition
NAME	SARGENT, PAUL D.	1.2 NAME	Lennart Lilieholm	
STREET ADDRESS	P.O. BOX 5561, N/A	1.3 STREET ADDRESS	1803 N.W. 38th Terr.	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	P	2.1 TITLE	Pres-Elect	☒ Change ☐ Addition
NAME	FLOYD, MARK	2.2 NAME	Philip H. Baker	
STREET ADDRESS	2832 N.W. 44TH PLACE	2.3 STREET ADDRESS	7020 Lakeshore Dr.	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32641	
TITLE	TD	3.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	BAKER, DOROTHY	3.2 NAME		
STREET ADDRESS	7020 LAKESHORE DR.	3.3 STREET ADDRESS	← Same	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	BOLGRADE, MARSHA	4.2 NAME	Amy Floyd	
STREET ADDRESS	2298 N.W. 21ST PLACE	4.3 STREET ADDRESS	2832 N.W 44th Place	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE #13	Director	5.1 TITLE	Director	☐ Change ☐ Addition
NAME	Diana Rankin	5.2 NAME	Robert C. Baker	
STREET ADDRESS	10302 S.W. 41st Place	5.3 STREET ADDRESS	2606 N.W 44th Place	
CITY-ST-ZIP	Gainesville, FL 32608	5.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE #13	Director	6.1 TITLE		☐ Change ☐ Addition
NAME	Frederick J. Swift, M.D.	6.2 NAME		
STREET ADDRESS	6310 S.W. 35th Way	6.3 STREET ADDRESS		
CITY-ST-ZIP	Gainesville, FL 32608	6.4 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy M. Baker Treasurer 4-25-95 (904) 374-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dorothy M. Baker

0030147