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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44857** (3)

1. Corporation Name

GAINESVILLE BREAKFAST CIVITAN CLUB, INC.



Principal Place of Business 7020 LAKE SHORE DR. GAINESVILLE FL 32601	Mailing Address 7020 LAKE SHORE DR. GAINESVILLE FL 32641-0801
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3. Date Incorporated or Qualified 08/23/1991	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3044343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAKER, DOROTHY 7020 LAKE SHORE DR. GAINESVILLE FL 32601	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, PHILIP H. 7020 LAKESHORE DR. GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, DOROTHY 7020 LAKESHORE DR. GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOYD, AMY 2802 NW 44TH PLACE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ROBERT C. 2806 NW 44TH PLACE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, FREDERICK J. 6310 SW 35TH WAY GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Diane Rankin 10302 S.W. 41st Place Gainesville, FL 32608
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Same
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Jennifer Vanden Brook 1130 S.W. 16th Ave, #35 Gainesville, FL 32608
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)