FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N44857

Corporation Name

GAINESVILLE BREAKFAST CIVITAN CLUB, INC.

Princ	ipai P	lace o	of Busin
7020	LAKE	SHOP	RE DR.
GAIN	E\$VILL	E FL	32601

2. Principal Place of Business

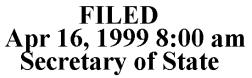
21

Mailing Address

7020 LAKE SHORE DR. GAINESVILLE FL 32601

2a. Mailing Address

26



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3. Date Incorporated or Qualifed

08/23/1991

Suite, Apt.	#, etc	Suite, Apt. #, etc		: • • · · · · · ·	4. FEI Number	- Apr	olied For	
22		27			59-3044343	Not	Applicable	
City & State City		City & State	ity & State		5. Certifcate of Status Desired	us Desired \$8.75 Additional Fee Required		
23 Zin	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Bo	
Zip □	— · · · · ·	<u> </u>	, ´		Trust Fund Contribution	Added to	•	
24	24 25 29 30 9. Name and Address of Current Registered Agent		<u>'l</u>	10. Name and Address of New Registered Agent				
	3. Name and Address of Current	Registered Agent	81	Name	12. Maille Blid ; marage at their confidence			

BAKER, DOROTHY 7020 LAKE SHORE DR. GAINESVILLE FL 32601			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
								4 11 10 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1
				•	<u> </u>	_		
office or a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auth	ionzed by	тпе согрога	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the control of the control o	of changing its of the state of	registered gistered	
SIGNATURE				t alamatura can	uired when reinstating) DATE]	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	r afiliarnia iedr	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	ρ			★ Addition	
	_		1.2 NAME	<i>F</i>	P.J. Pardo 1221 M.W. 13th Street Vainesville, FL 32601			
NAME	VANDEN BROOK, JENNIFER		1.3 STREET	ADDDEE	1221 n.w. 13th street			
STREET ADDRESS	1130 SW 16TH AVE #35			ADDRESS	Horacolilla El 27/01			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY- \$1	-ZIP	vainesville, or 32601	[7] Change	Addition	
TITLE	Τ	☐ DELETE	2.1 TITLE			. Donainge		
NAME	Baker, Dorothy		2.2 NAME					
STREET ADORESS	7020 LAKESHORE DR.	المتعلق ما المدين يعملون وارم والم	2.3 STREET	ADDRESS	en de la companya de	:		
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CTTY-S	T-ZIP		E101	T Addition	
TITLE	D	₩ DELETÉ	3.1 TITLE			Change	Addition	
NAME	MASINGIL, LORI		3.2 NAME					
STREET ADDRESS	1221 N W 13TH ST		3.3 STREET	ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-S	T-ZIP				
TITLE	D	₩ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	BAKER, ROBERT C.	•	4. 2 NAME					
STREET ADDRESS	2606 NW 44TH PLACE		4.3 STREET	ADDRESS	•			
	GAINESVILLE FL		4.4 CITY-S				j	
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE			Change	☐ Addition	
	SWIFT, FREDERICK J.	_	5.2 NAME					
NAME OTDEET ADDRESS	· ·		5.3 STREET	ADDRESS				
STREET ADDRESS	1		5.4 CITY-S					
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE	6.1 TITLE			Change	Addition	
TITLE		□ occeie	6.2 NAME				_	
NAME			6.3 STREET	ANNOESS			ĺ	
STREET ADDRESS								
CITY-ST-ZIP]		6.4 CITY-S	T-ZiP				

14. 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 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, with all other like empowered.

SIGNATURE: