
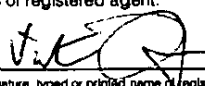



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 040 ****61.25

DOCUMENT # N96000004388 1. Entity Name THE BREAKFAST CLUB OF GAINESVILLE, INC.					
Principal Place of Business 300 EAST UNIVERSITY AVENUE STE 100 GAINESVILLE, FL 32601			Mailing Address P.O. BOX 357121 GAINESVILLE, FL 32635-7121		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3398610	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAZY, VICTOR 830 NW 13 STREET GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent 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 				DATE 3/27/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZY, VICTOR <input checked="" type="checkbox"/> Delete P.O. BOX 357121 GAINESVILLE, FL 326357121		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lou Schilling <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 357121 Gainesville, FL 32635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete LECLEAR, CALVIN P.O. BOX 357121 GAINESVILLE, FL 326357121		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Victor Hazy P.O. Box 357121 Gainesville, FL 32635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY <input checked="" type="checkbox"/> Delete SCHILLING, LOU P.O. BOX 357121 GAINESVILLE, FL 326357121		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Roberts P.O. Box 357121 Gainesville, FL 32635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie DeLoach P.O. Box 357121 Gainesville, FL 32635	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			LOUIS SCHILLING 3-14-08 (352) 278-3264		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		