

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90008 035 \*\*\*\*61.25

**DOCUMENT # N99000006996**

1. Entity Name

THE BREAKFAST CLUB OF OCALA, INC.



Principal Place of Business

2801 SOUTHWEST COLLEGE ROAD #25  
C/O THE REAL ESTATE CENTER  
OCALA FL 34474

Mailing Address

2801 SOUTHWEST COLLEGE ROAD #25  
C/O THE REAL ESTATE CENTER  
OCALA FL 34474

44018616



MOORE CR2E037 (11/03)

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

59-3599643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, LAURA  
C/O THE REAL ESTATE CENTER  
2801 SOUTHWEST COLLEGE ROAD #25  
OCALA FL 34474

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 STD  
NAME FRAZIER, JOHN ☒ Delete  
STREET ADDRESS 1107 E SILVERSPR BLVD STE 6  
CITY-ST-ZIP OCALA FL 34470

TITLE PD  
NAME David Sturgis ☐ Change ☒ Addition  
STREET ADDRESS 5393 SW 89th Street  
CITY-ST-ZIP Ocala FL 34476

TITLE TD  
NAME WRIGHT, LAURA ☐ Delete  
STREET ADDRESS 2801 SW COLLEGE RD #25  
CITY-ST-ZIP OCALA FL 34474

TITLE VPD  
NAME Laura Wright ☒ Change ☐ Addition  
STREET ADDRESS 2801 SW College Rd. #25 (2B)  
CITY-ST-ZIP Ocala FL 34474

TITLE PD  
NAME WRIGHT, LAURA ☒ Delete  
STREET ADDRESS 2801-SW-COLLEGE RD 25  
CITY-ST-ZIP OCALA FL 34474

TITLE SD  
NAME Kim Mosby ☐ Change ☒ Addition  
STREET ADDRESS 924 NE 24th Street  
CITY-ST-ZIP Ocala FL 34470

TITLE VPD  
NAME GOMPERS, KEVIN ☒ Delete  
STREET ADDRESS 1071 EAST ORIOLE CT  
CITY-ST-ZIP HERNANDO FL 34442

TITLE TD  
NAME Sharon Fourakre ☐ Change ☒ Addition  
STREET ADDRESS 2691 SE 52nd Street  
CITY-ST-ZIP Ocala FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** *Laura M. Wright* **VP** **3/15/04** **(352)** **873-8733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #