

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006996

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE BREAKFAST CLUB OF OCALA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2691 SE 52ND STREET
OCALA, FL 34480

Current Mailing Address:

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

New Mailing Address:

2691 SE 52ND STREET
OCALA, FL 34480

FEI Number: 59-3599643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANGERS, CATHY
Address: 3133 SW 32ND AVE
City-St-Zip: OCALA, FL 34474

Title: VPD () Delete
Name: WRIGHT, LAURA
Address: 2801 SW COLLEGE RD #25
City-St-Zip: OCALA, FL 34474

Title: TD () Delete
Name: FOURAKRE, SHARON
Address: 2691 SE 52ND STREET
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON P FOURAKRE

TREA

04/30/2008

Electronic Signature of Signing Officer or Director

Date