

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90010 037 \*\*\*\*61.25

**DOCUMENT # N01223**

1. Entity Name

FIRST LADIES PRAYER LUNCHEON, INC.



Principal Place of Business

4780 DOLPHIN CAY LANE SOUTH  
508  
ST. PETERSBURG FL 33711  
US

Mailing Address

4780 DOLPHIN CAY LANE SOUTH  
508  
ST. PETERSBURG FL 33711  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2423736

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

TEMPLET, DOTTIE WILKERSON  
4780 DOLPHIN CAY LN S 508  
ST PETERSBURGS FL 33711

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, 2005**

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

TITLE P  
NAME TEMPLETT, DOTTIE WILKERS  
STREET ADDRESS 4780 DOLPHIN CAY LANE SOUTH, #508  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VT  
NAME ROTHWELL, LINDA  
STREET ADDRESS 4527 BAYSHORE BLVD.NE  
CITY-ST-ZIP ST.PETERSBURG FL ☐ Delete

TITLE TD  
NAME ALDERSON, SUSAN  
STREET ADDRESS 426 19TH AVENUE NE  
CITY-ST-ZIP ST.PETERSBURG FL ☐ Delete

TITLE DS  
NAME TOWNE, BARARA  
STREET ADDRESS 7650 BAYSHORE DRIVE #705  
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Barbara Towne* Barbara Towne 3/29/05 727-367-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #