


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N01223 1. Entity Name FIRST LADIES PRAYER LUNCHEON, INC.	
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Principal Place of Business 4780 DOLPHIN CAY LANE SOUTH 508 ST. PETERSBURG, FL 33711 US	Mailing Address 7650 BAYSHORE DR # 706 SAINT PETERSBURG, FL 33706 US
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01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2423736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLETT, DOTTIE WILKERS 4780 DOLPHIN CAY LANE SOUTH, #508 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROTHWELL, LINDA 4527 BAYSHORE BLVD.NE ST.PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDERSON, SUSAN 426 19TH AVENUE NE ST.PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOWNE, BARARA 7650 BAYSHRE DRIVE #706 TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/07-80081-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Towne - DS **4/23/07** **727-367-5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #