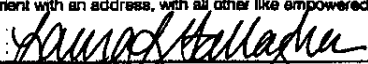


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 30 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010046					
1. Entity Name NORTH FLORIDA LADIES PRAYER BRUNCH, INC.					
Principal Place of Business 225 SOUTH ADAMS STREET SUITE 250 TALLAHASSEE, FL 32301			Mailing Address 225 SOUTH ADAMS STREET SUITE 250 TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2415446	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BREWTON, WILBUR E 225 SOUTH ADAMS STREET SUITE 250 TALLAHASSEE, FL 32301				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$51.25 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GALLAGHER, LAURA 225 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDO OLSEN, PAM 225 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASE, KIMBERLY 225 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200035846123 05/11/04--01011--021 **\$1.25 ☐ Change ☐ Addition		
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		
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 		Date 4/30/4			
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR					