E NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43192** **(6)**

1. Corporation Name
FIRST LADIES PRAYER BRUNCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
1002 S HARBOUR ISLAND BLVD TAMPA FL 33602	9618 SPRINGBROOK DR RIVERVIEW FL 33569 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3143767 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4620 San Jose St.	26
Suite, Apt. #, etc. 22 Tampa, Fl	Suite, Apt. #, etc. 27
City & State 23 Tampa, Fl	City & State 28
Zip 24 33629 Country 25 USA	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMMER, KAY 1002 S HARBOUR ISLAND BLVD TAMPA FL 33602	81 Name: Pat Colmenares 82 Street Address (P.O. Box Number is Not Acceptable): 4620 San Jose St. 83: Tampa, Fl 33629 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pat Colmenares. DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~OD~~ Dir	1.1 TITLE	~~Dir~~	☐ Change ☐ Addition
NAME	HAMMER KAY	1.2 NAME		
STREET ADDRESS	1002 SO. HARBOURTS BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	S C	2.1 TITLE		☐ Change ☐ Addition
NAME	COLMENARES PAT	2.2 NAME		
STREET ADDRESS	4602 SAN JOSE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Dir	☐ Change ☐ Addition
NAME	~~KYNES, MARGIE~~	3.2 NAME	Evelyn Hartley	
STREET ADDRESS	~~4026 GUNSET BLVD~~	3.3 STREET ADDRESS	9618 Springbrook Dr	
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP	~~Riverview, Fl 33569~~	
TITLE	D	4.1 TITLE	Dir	☒ Change ☐ Addition
NAME	~~SHEPHARD, SUSAN~~	4.2 NAME	Eleanor McInnis	
STREET ADDRESS	~~10412 AVILA BLVD~~	4.3 STREET ADDRESS	3408 Lykes Av	
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	Tampa, Fl 33629	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Colmenares. 3-16-95 831-2817 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia Colmenares

COR/AR 34