2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2007
Secretary of State

DOCUMENT# N43192

Entity Name: FIRST LADIES PRAYER BRUNCH OF TAMPA, INC.

Current Principal Place of Business:

P O BOX 320844
TAMPA, FL 336792844 US

New Principal Place of Business:

2501 LAURELWOOD LN
VALRICO, FL 335945021 US

Current Mailing Address:

P O BOX 320844
TAMPA, FL 336792844 US

New Mailing Address:

FEI Number: 59-3143767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITZ, NANCY
2501 LAURELWOOD LN
VALRICO, FL 335945021 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:	C	( ) Delete
Name:	SMITZ, NANCY S	
Address:	2501 LAURELWOOD LN	
City-St-Zip:	VALRICO, FL 335945021	
Title:	VC	( ) Delete
Name:	CRADDOCK, DARBY	
Address:	223 LAKE LINK RD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	S	(X) Delete
Name:	TRIPP, TINA	
Address:	19201 VISTA LANE C-4	
City-St-Zip:	INDIAN SHORES, FL 33785	
Title:	T	( ) Delete
Name:	CREWS, MARY F	
Address:	4515 BROOKWOOD DR	
City-St-Zip:	TAMPA, F; 33629	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY F. CREWS T 02/03/2007

Electronic Signature of Signing Officer or Director — Date