

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43192

FILED  
Apr 15, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2501 LAURELWOOD LN  
VALRICO, FL 335945021 US

**New Principal Place of Business:**

2501 LAURELWOOD LN  
VALRICO, FL 335965021 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: T ( ) Delete  
Name: CREWS, MARY F  
Address: 4515 BROOKWOOD DR  
City-St-Zip: TAMPA, F; 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHA (X) Change ( ) Addition  
Name: SMITZ, NANCY S  
Address: 2501 LAURELWOOD LN  
City-St-Zip: VALRICO, FL 335965021 US

Title: SEC (X) Change ( ) Addition  
Name: MCWHIRTER, CAMILLE  
Address: 10 LADOGA  
City-St-Zip: TAMPA, FL 33606 US

Title: TRE (X) Change ( ) Addition  
Name: CREWS, MARY F  
Address: 4515 BROOKWOOD DR  
City-St-Zip: TAMPA, F; 33629

I hereby certify that the information supplied with this filing does not qualify 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

TRE

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date