

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004949	
1. Entity Name PRAYERTIME CHURCH AND WORLD OUTREACH, INC.	

Principal Place of Business 7401 VALRIE LANE RIVERVIEW FL 33569	Mailing Address 7401 VALRIE LANE RIVERVIEW FL 33569
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FARRELL, CARL M REV. 7401 VALRIE LANE RIVERVIEW FL 33569		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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 PCEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FARRELL, CARL M REV		NAME	
STREET ADDRESS 7401 VALRIE LANE		STREET ADDRESS	
CITY- ST- ZIP RIVERVIEW FL 33569		CITY- ST- ZIP	
TITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME KEELS, CAMILLE A		NAME	
STREET ADDRESS 3703 BELLWATER BLVD.		STREET ADDRESS	
CITY- ST- ZIP RIVERVIEW FL 33569		CITY- ST- ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FARREL, IRMA M		NAME	
STREET ADDRESS 7401 VALRIE LANE		STREET ADDRESS	
CITY- ST- ZIP RIVERVIEW FL 33569		CITY- ST- ZIP	
TITLE T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FARREL, CARL		NAME	
STREET ADDRESS 7401 VALRIE LANE		STREET ADDRESS	
CITY- ST- ZIP RIVERVIEW FL 33569		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

U000000718719
05/01/07-80032-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4/16/07**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**