2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # N00000004949 1. Entity Name PRAYERTIME CHURCH AND WORLD OUTREACH, INC. 05-14-2002 90333 010 ****70.00 Mailing Address Principal Place of Business 3210 ACAPULCO DRIVE 3210 ACAPULCO DRIVE Buraria RIVERVIEW FL 33569 RIVERVIEW FL 33569 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3665900 Not Applicable ¹ Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALLACE, JACK REV. 3210 ACAPULCO DRIVE **RIVERVIEW FL 33569** Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (9/01) **PCEO** Change Addition TITLE TITLE ☐ Delete WALLACE, JACK NAME NAME STREET ADDRESS 3210 ACAPULCO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569. ☐ Addition ☐ Change ☐ Delete TITLE TITLE WALLACE, JACK NAME NAME STREET ADDRESS 3210 ACAPULCO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Addition Change ☐ Delete TITLE TITLE WALLACE, JUDITH NAME NAME STREET ADDRESS 3210 ACAPULCO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF RIVERVIEW FL 33569 Addition Change TITLE □ Delete LEIGH, MICHAEL NAME 118 2ND STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ... CITY-ST-ZIP RUSKIN FL 33570 ☐ Addition Change Change ☐ Defete TITLE TITLE HARDY, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 10141 SHADOW OAK CIRCLE CITY-ST-7IP CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALLACE

April 25,2002

813**6**85-1464

Daytime Phone #