

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 047 \*\*\*\*70.00

DOCUMENT # N00000004949

1. Entity Name  
PRAYERTIME CHURCH AND WORLD  
OUTREACH



**DO NOT WRITE IN THIS SPACE**

70054404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3665900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 William Jack Wallace, President  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE NAME  
P, D, M  
STREET ADDRESS Jack WALLACE - 1531 SUMMER PLACE  
CITY-ST-ZIP PHOENIX, CITY, AL. 36867

TITLE NAME  
V.P. D  
STREET ADDRESS Cheryl LEIGH - 118 2ND ST. N.W.  
CITY-ST-ZIP RUSKIN, FLA. 33570

TITLE NAME  
S, D  
STREET ADDRESS JUDY WALLACE - 1531 SUMMER PLACE  
CITY-ST-ZIP PHOENIX CITY, AL 36867

TITLE NAME  
T, D  
STREET ADDRESS MICHAEL LEIGH - 118 2ND ST. NW  
CITY-ST-ZIP RUSKIN, FLA 33570

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl A. Leigh

4-25-03 (813) 645-4228

CR2E037B (12/02)