

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

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90055 008 \*\*\*\*70.00

DOCUMENT # N02000002174

1. Entity Name

PARTNERS IN PASTORAL CARE, INC.



Principal Place of Business

Mailing Address

8359 BEACON BLVD  
SUITE 315  
FORT MYERS FL 33907

8359 BEACON BLVD  
SUITE 315  
FORT MYERS FL 33907



2. Principal Place of Business - No P.O. Box #

9777 Deerfoot Dr

3. Mailing Address

1300-56 S. Cleveland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 23B

1st MOORE

CR2E037 (10/06)

City & State

Ft Myers, FL

City & State

Ft Myers FL

4. FEI Number

41-2044557

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRATHER, BILL  
8359 BEACON BLVD  
SUITE 315  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Prather, Bill

Street Address (P.O. Box Number is Not Acceptable)

9777 Deerfoot Dr.

Ft Myers,

City

Ft Myers

FL

Zip Code

33919

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/01/07

**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

TITLE PD ☐ Delete  
NAME PRATHER, WILLIAM W  
STREET ADDRESS 9777 DEERFOOT DR.  
CITY- ST- ZIP FT. MYERS FL 33919

TITLE CEO ☒ Delete  
NAME ROSE, DAVID  
STREET ADDRESS 6121 CLIFFBROOK DR.  
CITY- ST- ZIP NORTH RICHLAND HILLS TX 76180

TITLE D ☒ Delete  
NAME ROSE, DAVID  
STREET ADDRESS 6121 CLIFFBROOK DR.  
CITY- ST- ZIP NORTH RICHLAND HILLS TX 76180

TITLE VD ☐ Delete  
NAME PATTERSON, DAVID  
STREET ADDRESS 6516 CONNELL FARM DR.  
CITY- ST- ZIP PLANO TX 75024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Prather

02/01/07

239 444 8664

Date

Daytime Phone #