FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10316** **(0)**

1. Corporation Name

THE WORLDWIDE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
250 N.W. 31ST AVENUE POMPANO BEACH FL 33069	250 N.W. 31ST AVENUE POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 07/18/1985
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21: 450 N. Powerline Rd.
22: Suite, Apt. #, etc.
23: City & State: Pompano Beach, FL
24: Zip: 33069
25: Country: U.S.A. Broward

2a. Mailing Address
26: 450 n. Powerline Rd.
27: Suite, Apt. #, etc.
28: City & State: Pompano Beach, FL
29: Zip: 33069
30: Country: U.S.A. Broward

4. FEI Number: 65-0029979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

DOZIER, O'NEAL
3420 SANDS HARBOR TRACE
POMPANO BEACH FL 33069

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BARNER, MARY LOU		1.2 NAME	WARNER HARRIS	
STREET ADDRESS	1201 NW 23 AVE		1.3 STREET ADDRESS	2920 N.W. 2nd Street	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DECOURSEY, DOROTHY		2.2 NAME		
STREET ADDRESS	263 SW 1ST STREET, APT 2		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, REMELDA		3.2 NAME		
STREET ADDRESS	210 SW 30TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOZIER, REV. DR. O'NEAL		4.2 NAME		
STREET ADDRESS	1164 CORAL CLUB DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOZIER, LEKETIA BARNER		5.2 NAME		
STREET ADDRESS	1164 CORAL CLUB DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ARTHUR		6.2 NAME		
STREET ADDRESS	210 SW 30TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leketia Barner Dozier, Secretary/Dir. (954) 978-2020 or
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #