

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90031 002 ****70.00

DOCUMENT # N10316

1. Corporation Name

THE WORLDWIDE CHRISTIAN CENTER, INC.

Principal Place of Business

**450 N POWERLINE RD
POMPANO BEACH FL 33069
US**

Mailing Address

**450 N POWERLINE RD
POMPANO BEACH FL 33069
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

07/18/1985

4. FEI Number

65-0029979

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BARNER, MARY LOU**
STREET ADDRESS **1201 NW 23 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **DECOURSEY, DOROTHY**
STREET ADDRESS **263 SW 1ST STREET, APT 2**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ DELETE

NAME **PARKER, REMELDA**
STREET ADDRESS **210 SW 30TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PO** ☐ DELETE

NAME **DOZIER, REV. DR. O'NEAL**
STREET ADDRESS **1164 CORAL CLUB DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **DOZIER, LEKETIA BARNER**
STREET ADDRESS **1164 CORAL CLUB DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **PARKER, ARTHUR**
STREET ADDRESS **210 SW 30TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99 **(954)928-2020**
Date Daytime Phone #

CR2E037 (1/98)