2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ∠

FILED **DOCUMENT # N10316** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name THE WORLDWIDE CHRISTIAN CENTER, INC. 04-07-2000 90059 012 ****70.00 Principal Place of Business Mailing Address 450 N POWERLINE RD 450 N POWERLINE RD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-2262 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0029979 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOZIER, O'NEAL 3420 SANDS HARBOR TRACE POMPANO BEACH FL 33069 City Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. □ Change ☐ Delete Warner Harris Addition TITLE TITLE BARNER, MARY LOU NAME NAME 2920 n.w. and street STREET ADDRESS 1201 NW 23 AVE STREET ADDRESS Pompano Bch., FL 33069 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete Addition TITLE TITLE DECOURSEY, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 263 SW 1ST STREET, APT 2 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete Change Addition TITLE TITLE PARKER, REMELDA NAME NAME STREET ADDRESS STREET ADDRESS 210 SW 30TH AVENUE CITY-ST-ZIP CITY-ST-ZIF FT. LAUDERDALE FL Dozier, Rev. Dr. O'Neal Change 3420 Sands Harbor Trace Pompano Beach, FL 33069 Dozier, Leketia Barner Change 1,3420 Sands Harbor Trace Pompano Beach, FL 33069 ☐ Defete PD TITLE TITLE DOZIER, REV. DR. Q'NEAL NAME NAME Change in STREET ADDRESS STREET ADDRESS 1164 CORAL-GLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP COBAL SPRINGS FL TITI F TITLE Delete DOZIER, LEKETIA BARNER NAME NAME <u>Change in</u> STREET ADDRESS STREET ADDRESS 1764-CQBAL CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition TITLE ☐ Delete TITLE PARKER, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 210 SW 30TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 12. Thereby certify that the information supplied with this filling 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.

NAME OF SIGNING OFFICER OF DIRECTO