

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N10316

1. Entity 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**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0029979

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNER, MARY LOU
STREET ADDRESS	1201 NW 23 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	HARRIS, WARNER
STREET ADDRESS	2920 NW 2ND STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	PARKER, REMELDA
STREET ADDRESS	210 SW 30TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	O'NEAL, DOZIER R
STREET ADDRESS	3420 SANDS HARBOR TRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	BARNER, DOZIER L
STREET ADDRESS	3420 SANDS HARBOR TRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	PARKER, ARTHUR
STREET ADDRESS	210 SW 30TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL

U00000390041
01/23/06-80003-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Lebetia B. Dozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 (954) 969-256
DATE Daytime Phone #