

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001779

FILED
Apr 06, 2005
Secretary of State

Entity Name: WORLD WIDE WEB CHARITIES, INC.

Current Principal Place of Business:

12824 TALLOWOOD DR
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

12824 TALLOWOOD DR
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3707410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZOR, CHRISTINE
12824 TALLOWOOD DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

KAZOR, CHRISTOPHER
12824 TALLOWOOD DRIVE
RIVERVIEW, FL 33569 US

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: CPK2301

04/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUSTIN, DONNA
Address: 1523 BURNING TREE LANE
City-St-Zip: BRANDON, FL 33510

Title: SD () Delete
Name: LEECHIN, THOMAS
Address: 8614 HERONS COVE PLACE
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: KAZOR, CHRISTINE S
Address: 12824 TALLOWOOD DR
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KAZOR, CHRISTOPHER P
Address: 12824 TALLOWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CPK2301

D

04/06/2005

Electronic Signature of Signing Officer or Director

Date