

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001779

FILED  
Apr 27, 2007  
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, CHRISTOPHER  
12824 TALLOWOOD DRIVE  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

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:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KAZOR, CHRISTINE  
Address: 12826 TALLOWOOD DR  
City-St-Zip: RIVERVIEW, FL 33619

Title: D (X) Change ( ) Addition  
Name: LEECHIN, THOMAS  
Address: 8614 HERONS COVE PLACE  
City-St-Zip: TAMPA, FL 33647

Title: T (X) Change ( ) Addition  
Name: OUSLEY, EILEEN  
Address: 12824 TALLOWOOD DR  
City-St-Zip: RIVERVIEW, FL 33569

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: C P KAZOR

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date