


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008395 1. Entity Name THE WORLDWIDE CHRISTIAN CHARITIES, INC.					
Principal Place of Business 450 NORTH POWERLINE ROAD POMPANO BEACH FL 33069			Mailing Address 450 NORTH POWERLINE ROAD POMPANO BEACH FL 33069		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1103954 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOZIER, O'NEAL REV. 3420 SANDS HARBOR TRACE POMPANO BEACH FL 33069			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOZIER, O'NEAL 3420 SANDS HARBOR TRACE POMPANO BEACH FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOZIER, LEKETIA 3420 SANDS HARBOR TRACE POMPANO BEACH FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARNER, MARY K 1201 N.W. 23RD AVENUE FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Leketia B. Dozier</i> Leketia B. Dozier 2/2/05 (954) 969-2565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/04)

4. FEI Number **86-1103954**
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
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CITY - ST - ZIP
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DOZIER, O'NEAL
3420 SANDS HARBOR TRACE
POMPANO BEACH FL 33069
☐ Delete

TITLE
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S
DOZIER, LEKETIA
3420 SANDS HARBOR TRACE
POMPANO BEACH FL 33069
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BARNER, MARY K
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FT. LAUDERDALE FL 33311
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: *Leketia B. Dozier* **Leketia B. Dozier** **2/2/05** **(954) 969-2565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR