


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

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

<b>DOCUMENT # N03000008395</b>	
<b>1. Entity Name</b> THE WORLDWIDE CHRISTIAN CHARITIES, INC.	

<b>Principal Place of Business</b> 450 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069	<b>Mailing Address</b> 450 NORTH POWERLINE ROAD POMPANO BEACH, FL 33069
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01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 86-1103954	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DOZIER, O'NEAL REV.  
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P DOZIER, O'NEAL 3420 SANDS HARBOR TRACE POMPANO BEACH, FL 33069
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S DOZIER, LEKETIA 3420 SANDS HARBOR TRACE POMPANO BEACH, FL 33069
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD BARNER, MARY K 1201 N.W. 23RD AVENUE FT. LAUDERDALE, FL 33311
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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01/23/06-80003-013 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:** Leketia B. Dozier / Leketia B. Dozier / 1/3/06 954 969-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leketia B. Dozier Date 1/3/06 Daytime Phone # 954 969-2565