

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001241 (5)**

1. Corporation Name

WORLD CENTERS OF COMPASSION FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

**102 FLORIDA AVENUE
GULF BREEZE FL 32561**

**102 FLORIDA AVENUE
GULF BREEZE FL 32561**

2. Principal Place of Business

21 14 LIVE OAK ST.

Suite, Apt. #, etc.

22 C

City & State

23 Gulf Breeze, FL

Zip

24 32561

Country

25 USA

2a. Mailing Address

26 14 LIVE OAK ST

Suite, Apt. #, etc.

27 C

City & State

28 Gulf Breeze, FL

Zip

29 32561

Country

30 USA

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3437227

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing

Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BECK, KEVIN T ESO
902 EAST GADSDEN STREET
PENSACOLA FL 32501**

300002553723-1

06/09/98--01/21/00

*******61.25 *****61.25**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/98

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**NAME WILLIAMS, BETTY
STREET ADDRESS 102 FLORIDA AVENUE
CITY-ST-ZIP GULF BREEZE FL 32561**

2. TITLE ☒ DELETE

**NAME WILLIAMS, DEBORAH
STREET ADDRESS 102 FLORIDA AVENUE
CITY-ST-ZIP GULF BREEZE FL 32561**

3. TITLE ☒ DELETE

**NAME RUSSELL, ROBERT DR
STREET ADDRESS 5231 EAST SOUND SIDE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561**

4. TITLE ☒ DELETE

**NAME MCDADE, JIM
STREET ADDRESS 1839 HICKORY SHORES ROAD
CITY-ST-ZIP GULF BREEZE FL 32561**

5. TITLE ☒ DELETE

**NAME BECK, KEVIN T ESO
STREET ADDRESS 902 EAST GADSDEN STREET
CITY-ST-ZIP PENSACOLA FL 32501**

6. TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME P/O PRESIDENT
Betty Williams
1.3 STREET ADDRESS 208 CAMELIA DR.
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561**

2.1 TITLE ☐ Change ☒ Addition

**2.2 NAME VICE PRESIDENT
Charles L. LAMARK
2.3 STREET ADDRESS 1206 PANFERO DR.
2.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561**

3.1 TITLE ☐ Change ☒ Addition

**3.2 NAME BOARD MEMBER
BRYANT LIGGETT
3.3 STREET ADDRESS 1414 N. BARCELONA
3.4 CITY-ST-ZIP PENSACOLA, FL 32501**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME BOARD MEMBER
BRUNIE EMMANUEL
4.3 STREET ADDRESS 4580 FRANCISCO RD.
4.4 CITY-ST-ZIP PENSACOLA, FL 32504**

5.1 TITLE ☐ Change ☒ Addition

**5.2 NAME BOARD MEMBER
DR. LAI GOEL
5.3 STREET ADDRESS 1298 S. HWY. 97
5.4 CITY-ST-ZIP CANTONMENT, FL 32533**

6.1 TITLE ☐ Change ☒ Addition

**6.2 NAME BOARD MEMBER
Sue STRAUGHN
6.3 STREET ADDRESS WEAR-TV 4990 mobile HWY.
6.4 CITY-ST-ZIP PENSACOLA, FL 32506**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE **Charles L. LAMARK**

5/11/98

950-984-3194

CR2E037 (10/97)