

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001241

1. Corporation Name
WORLD CENTERS OF COMPASSION FOR CHILDREN, INC.

Principal Place of Business: 14 LIVE OAK ST., #C GULF BREEZE FL 32561
Mailing Address: 14 LIVE OAK ST., #C GULF BREEZE FL 32561



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	02/28/1997
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	59-3437227
23	City & State	27	City & State		Applied For	Not Applicable
24	Zip	28	Country	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
30	Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECK, KEVIN T ESQ 902 EAST GADSDEN STREET PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY	1.2 NAME	
STREET ADDRESS	208 CAMELIA DR	1.3 STREET ADDRESS	500002924165--5
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	-07/06/99--01141--007
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMARK, CHARLES L	2.2 NAME	
STREET ADDRESS	1206 PANFRIO DR	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGGETT, BRYANT	3.2 NAME	
STREET ADDRESS	1414 N. BARCELONA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL, BRUNIE	4.2 NAME	
STREET ADDRESS	4580 FRANCISCO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEL, LAL DR.	5.2 NAME	
STREET ADDRESS	1288 S. HWY 97	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUGHN, SUE	6.2 NAME	
STREET ADDRESS	4990 MOBILE HWY/WEAR-TV	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/1/99

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