

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001541 (0)

1. Corporation Name

CHARIOTS CHRISTIAN MUSIC MINISTRY INC.



Principal Place of Business

Mailing Address

3540 SW 3RD ST
 MELROSE PARK FL 33312

3540 SW 3RD ST
 MELROSE PARK FL 33312

3540 S W 3rd Street

3. Date Incorporated or Qualified 03/30/1995
 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Melrose Park

26 Same

4. FEI Number 65-057-6472
 Applied For Not Applicable

22 Suite, Apt. #, etc. Fort Lauderdale

27 Suite, Apt. #, etc.

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

23 City & State Ft 33312

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33312 25 Country Broward

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, GODFREY
 3540 SW 3RD ST
 MELROSE PARK FL 33312

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 GODFREY A. SHAW Godfrey A. Shaw DATE June 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAW, BARBARA	
STREET ADDRESS	3540 SW 3RD ST	
CITY-ST-ZIP	MELROSE PARK FL 33312	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAW, GODFREY	
STREET ADDRESS	3540 SW 3RD ST	
CITY-ST-ZIP	MELROSE PARK FL 33312	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LATCHMAN, PETE	
STREET ADDRESS	3540 SW 3RD ST	
CITY-ST-ZIP	MELROSE PARK FL 33312	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, INEZ	
STREET ADDRESS	3540 SW 3RD ST	
CITY-ST-ZIP	MELROSE PARK FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ava Camejo Douglas administrator
1.3 STREET ADDRESS	17151 Sportsman Drive
1.4 CITY-ST-ZIP	North Lauderdale FL 33313
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Simone Solomon
2.3 STREET ADDRESS	2972 N.W 55th Avenue
2.4 CITY-ST-ZIP	Lauderhill FL 33313
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marjorie Mark
3.3 STREET ADDRESS	4234 52nd Avenue
3.4 CITY-ST-ZIP	Lauderdale Lakes FL 33319
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMAL CHRISTIAN BUSBY
4.3 STREET ADDRESS	3540 SW 3rd St Melrose Pk
4.4 CITY-ST-ZIP	Fort Lauderdale Ft 33312
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: GODFREY SHAW 587-9013
 Date Daytime Phone #

CR2E037 (3/96)