

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000006495

1. Entity Name
CHARIOTS COMMUNITY ENTERPRISE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 AM 11:59

Principal Place of Business
3540 SW 3RD STREET
MELROSE PARK
FT. LAUDERDALE, FL 33312

Mailing Address
3540 SW 3RD STREET
MELROSE PARK
FT. LAUDERDALE, FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102004

Chg-NP

CR2E037 (10/03)

4. FEI Number

51-0426817

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

BERNARD-SHAW, BARBARA PASTOR
3540 SW 3RD STREET
MELROSE PARK
FT. LAUDERDALE, FL 33312

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

Pastor Barbara Bernard Shaw *PASTOR BARBARA Bernard Shaw Sept 2004*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BUSBY-SHAHID, KANDIS
STREET ADDRESS 3541 SW 3RD STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200041569178
CITY-ST-ZIP 10/04/04--01032--019 **70.00

TITLE VD ☐ Delete
NAME PARKER, ALICE M
STREET ADDRESS 2650 GREENWOOD TERRACE G114
CITY-ST-ZIP BOCA, FL 33431

TITLE ☒ Change ☐ Addition
NAME *Pastor Barbara Bernard Shaw*
STREET ADDRESS *3540 Sw 3rd St*
CITY-ST-ZIP *Fort Lauderdale FL 33312*

TITLE STD ☒ Delete
NAME SALVARY, SHARLENE
STREET ADDRESS 160 NW 176TH STREET
CITY-ST-ZIP HOLLYWOOD, FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLUMSTEIN, MARI
STREET ADDRESS 3200 HUNTINGTON STREET
CITY-ST-ZIP RESTON, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAMPBELL, STEPHEN DR
STREET ADDRESS 2000 DAVIE DR.
CITY-ST-ZIP DAVIE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOUGLAS, AVA C
STREET ADDRESS 3212 NW 104TH AVENUE
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

PASTOR BARBARA Bernard Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 2004

Date

Daytime Phone #

954
587-9013

11/9/04