

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90031 037 ****70.00

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1. Entity Name

CHARIOTS COMMUNITY ENTERPRISE, INC.



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

1st MOORE

CR2E037 (10/04)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE D ☐ Change ☐ Addition
NAME Bremman S. Busby
STREET ADDRESS 3540 S.W 3rd St
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE D ☐ Change ☐ Addition
NAME Dennis Parker
STREET ADDRESS 2650 Greenwood Terr. Boca FL 33431
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHAW, BARBARA B PASTOR
STREET ADDRESS 3540 SW 3RD STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #