


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90003 014 ****70.00

DOCUMENT # N02000006495 1. Entity Name CHARIOTS COMMUNITY ENTERPRISE, INC.					
Principal Place of Business 3540 SW 3RD STREET FT. LAUDERDALE, FL 33312			Mailing Address 3540 SW 3RD STREET MELROSE PARK FT. LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 3540 S.W. 3rd St Suite, Apt. #, etc. Fort Lauderdale		3. Mailing Address Suite, Apt. #, etc. 			
City & State Broward Co		City & State 		4. FEI Number 51-0426817	
Zip FL 33312		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNARD-SHAW, BARBARA PASTOR 3540 SW 3RD STREET MELROSE PARK FT. LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Pastor Barbara Bernard-Shaw</u> DATE <u>May 28, 08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BUSBY, BREMMAN S 3540 SW 3RD ST FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Godfrey A Shaw 3540 S.W. 3rd St Fort Laud FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BLUMSTEIN, MARI 3200 HUNTINGTON ST. RESTON, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lechard Lyles 3540 S.W. 3rd St Fort Ld FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CAMPBELL, STEPHEN DR 2006 DAVIE DR. DAVIE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BLUMSTEIN, MARI 3200 HUNTINGTON STREET RESTON, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CAMPBELL, STEPHEN DR 2000 DAVIE DR. DAVIE, FL 33323		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOUGLAS, AVA C 3212 NW 104TH AVENUE SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Pastor Barbara Bernard Shaw</u> <u>Pastor Barbara B. Shaw</u> <u>587-0695</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					