2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# N02000006495

Entity Name: CHARIOTS COMMUNITY ENTERPRISE, INC.

Current Principal Place of Business:

3540 SW 3RD STREET
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0426817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BUSBY, BREMMAN S	
Address:	3540 SW 3RD ST	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	BLUMSTEIN, MARI	
Address:	3200 HUNTINGTON ST.	
City-St-Zip:	RESTON, FL 33322	
Title:	D	( ) Delete
Name:	CAMPBELL, STEPHEN DR	
Address:	2006 DAVIE DR.	
City-St-Zip:	DAVIE, FL 33323	
Title:	D	( ) Delete
Name:	SHAW, GODREY A	
Address:	3540 SW 3RD STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	LECHAND, LYLES	
Address:	3540 SW 3RD STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	DOUGLAS, AVA C	
Address:	3212 NW 104TH AVENUE	
City-St-Zip:	SUNRISE, FL 33351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHAW DIR. 05/28/2009

Electronic Signature of Signing Officer or Director — Date