

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008197

FILED
Mar 18, 2009
Secretary of State

Entity Name: CHARIOT OF BLESSINGS MINISTRY INC

Current Principal Place of Business:

209 SW 27 AVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P O BOX 604
DANIA, FL 33004

New Mailing Address:

FEI Number: 36-4496282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, LILLIE R
631 ALABAMA AVE
FORT 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: R () Delete
Name: JONES, CASSANDRA W
Address: P O BOX 5582
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: T () Delete
Name: GAINES, GWENDOLYN A
Address: 3176 AUBURN BLVD. APT 103
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: P () Delete
Name: CHARLES, LILLIE R
Address: 631 ALABAMA AV
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S () Delete
Name: CLARKE, TRINA Y
Address: 3412
City-St-Zip: SW 12 CT, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MOBLEY, TAMMY R
Address: 15441 SW 18 STREET
City-St-Zip: MIRIMAR, FL 33027

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

Title: S (X) Change () Addition
Name: CLARKE, TRINA Y
Address: 3412 12 CT
City-St-Zip: FORT LAUDERDALE, FL 33312

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: LILLIE R. CHARLES

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date