

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008197

**FILED**  
**Feb 16, 2010**  
**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  
**Name:** JONES, CASSANDRA W  
**Address:** 2820 NW 10 COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

**Title:** T  
**Name:** MOBLEY, TAMMY R  
**Address:** 17306 SW 33 COURT  
**City-St-Zip:** MIRIMAR, FL 33029

**Title:** D  
**Name:** CHARLES, LILLIE R  
**Address:** 631 ALABAMA AV  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**Title:** S  
**Name:** CLARKE, TRINA Y  
**Address:** 3050 NW 6 COUNT  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

I hereby 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 all other like empowered.

**SIGNATURE:** LILLIE R. CHARLES

DIR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date