

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001541 (0)**

1. Corporation Name

CHARIOTS CHRISTIAN MUSIC MINISTRY INC.



Principal Place of Business

Mailing Address

**3540 SW 3RD ST
MELROSE PARK FL 33312**

**3540 SW 3RD ST
MELROSE PARK FL 33312**

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **Melrose Park**

26 **Same**

4. FEI Number

65-057-6472

Applied For

Not Applicable

22 **Fort Lauderdale**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 **FL 33312**

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 **33312**

Country

25 **Broward**

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

29 **33312**

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, GODFREY
3540 SW 3RD ST
MELROSE PARK FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

GODFREY A. SHAW

Godfrey A. Shaw

June 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **SHAW, BARBARA**
STREET ADDRESS **3540 SW 3RD ST**
CITY-ST-ZIP **MELROSE PARK FL 33312**

TITLE **DV** ☐ DELETE

NAME **SHAW, GODFREY**
STREET ADDRESS **3540 SW 3RD ST**
CITY-ST-ZIP **MELROSE PARK FL 33312**

TITLE **DT** ☒ DELETE

NAME **LATCHMAN, PETE**
STREET ADDRESS **3540 SW 3RD ST**
CITY-ST-ZIP **MELROSE PARK FL 33312**

TITLE **DS** ☒ DELETE

NAME **MCLEAN, INEZ**
STREET ADDRESS **3540 SW 3RD ST**
CITY-ST-ZIP **MELROSE PARK FL 33312**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Ava Camejo Douglas administrator**
1.3 STREET ADDRESS **7151 Sportsman Drive**
1.4 CITY-ST-ZIP **North Lauderdale FL 33313**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Simone Solomon**
2.3 STREET ADDRESS **2972 N.W. 55th Avenue**
2.4 CITY-ST-ZIP **Lauderhill FL 33313**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Marjorie Mark**
3.3 STREET ADDRESS **4234 52nd Avenue**
3.4 CITY-ST-ZIP **Lauderdale Lakes FL 33319**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **JAMAH CHRISTIAN BUSBY**
4.3 STREET ADDRESS **3540 SW 3rd St Melrose Pk**
4.4 CITY-ST-ZIP **Fort Lauderdale FL 33312**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

GODFREY SHAW

587-9013

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0009122

CR2E037 (3/96)