

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005452 (6)**

1. Corporation Name

CHARIOTS CHURCH OF LOVE INC.



Principal Place of Business 3540 SW 3RD ST., MELROSE PARK FT. LAUDERDALE FL 33312	Mailing Address 3540 SW 3RD ST., MELROSE PARK FT. LAUDERDALE FL 33312
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last Report 07/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0644612	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHAWN, GODFREY A 3540 SW 3RD ST., MELROSE PARK FT. LAUDERDALE FL 33312		10. Name and Address of New Registered Agent 81 Name: Pastor Godfrey A Shaw 82 Street Address (P.O. Box Number is Not Acceptable): 3540 S.W. 3rd St Melrose Pk 83 City: Fort Lauderdale 84 State: FL 85 Zip Code: 33312	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Asst Admin	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, BARBARA		1.2 NAME Jenna Solomon	
STREET ADDRESS 3540 SW 3RD ST., MELROSE PARK		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		1.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE Minister	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, GODFREY A		2.2 NAME SHIREEN DENNIS	
STREET ADDRESS 3540 SW 3RD ST., MELROSE PARK		2.3 STREET ADDRESS 937 Pennsylvania Ave	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP Melrose Pk Fort Laud FL 33312	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Minister	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUMAKER, PAUL D		3.2 NAME KANDIS BUSBY	
STREET ADDRESS 5880 NW 12TH CT.		3.3 STREET ADDRESS 3540 S.W. 3rd St	
CITY-ST-ZIP SUNRISE FL 33313		3.4 CITY-ST-ZIP Melrose Park FL 33312	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE Minister	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMEJO-DOUGLAS, AVA		4.2 NAME KANDIS BUSBY	
STREET ADDRESS 7151 SPORTSMAN DRIVE		4.3 STREET ADDRESS 3540 S.W. 3rd St	
CITY-ST-ZIP NORTH LAUDERDALE FL 33313		4.4 CITY-ST-ZIP Fort Laud FL 33312	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE Minister	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARJORIE, MARK		5.2 NAME SHIREEN DENNIS	
STREET ADDRESS 4234 52ND AVE		5.3 STREET ADDRESS 937 Pennsylvania Ave	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319		5.4 CITY-ST-ZIP Melrose Pk Fort Laud FL 33312	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUSBY, JAMAL C		6.2 NAME	
STREET ADDRESS 3540 S.W. 3RD ST MELROSE PK		6.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33312		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

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