

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000005452 (6)

1. Corporation Name

CHARIOTS CHURCH OF LOVE INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SHAWN, GODFREY A
3540 SW 3RD ST., MELROSE PARK
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

65-0644612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

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	D	<input type="checkbox"/> DELETE
NAME	SHAW, BARBARA	
STREET ADDRESS	3540 SW 3RD ST., MELROSE PARK	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHAW, GODFREY A	
STREET ADDRESS	3540 SW 3RD ST., MELROSE PARK	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUMAKER, PAUL D	
STREET ADDRESS	5800 NW 12TH CT.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMEJO-DOUGLAS, AVA	
STREET ADDRESS	7151 SPORTSMAN DRIVE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33313	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARJORIE, MARK	
STREET ADDRESS	4234 52ND AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUSBY, JAMAL C	
STREET ADDRESS	3540 S.W. 3RD ST MELROSE PK	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 30 1998 8:00am
Secretary of State



CR2E037 (5/98)