

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90001 038 *****70.00

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1. Entity Name
**CHARIOTS CHAPLAINS OF HOPE & LOVE
INTERNATIONAL NETWORK INC "A MINISTRY-OF LOVE"**



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**

54056863



2. Principal Place of Business

3540 S.W 3rd St

3. Mailing Address

Fort Lauderdale

Suite, Apt. #, etc.

City & State
FL 33312

City & State

Zip

Country

Zip

Country

04012004 Chg:NP CR2E037 (10/03)

4. FEI Number
65-0644612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHAWN BARBARA *misspelling of the name
Shaw not Shawn*
**3540 SW 3RD ST.
FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pastor Barbara Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 2004

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHAW, BARBARA PASTOR**
STREET ADDRESS **3540 SW 3RD ST.,**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **D** ☐ Delete
NAME **SHAW, GODFREY A PASTOR**
STREET ADDRESS **3540 SW 3RD ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **D** ☐ Delete
NAME **BUSBY, KAIANO MINISTE**
STREET ADDRESS **3540 SW 3RD ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **T** ☐ Delete
NAME **PARKER, ALICE**
STREET ADDRESS **2650 GREENWOOD TERR**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **T** ☐ Delete
NAME **SHAW, LECHAND**
STREET ADDRESS **3540 SW 3RD ST, MELROSE PARK**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **T** ☐ Delete
NAME **DAVIS, ILENE**
STREET ADDRESS **CENTURY VILLAGE EAST**
CITY-ST-ZIP **DEERFIELD BCH, FL 33342**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pastor Barbara Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2004

Date

Daytime Phone #

954

587-9013