

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90031 050 ****70.00

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1. Entity Name

**CHARIOTS CHAPLAINS OF HOPE & LOVE
INTERNATIONAL NETWORK INC "A MINISTRY OF**



Principal Place of Business

**3540 SW 3RD ST
FT. LAUDERDALE FL 33312**

Mailing Address

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

2. Principal Place of Business

3540 S.W 3rd St
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

FL

4. FEI Number

65-0644612

Applied For

Not Applicable

Zip

33312

Country

U.S.A

Zip

33312

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

**SHAW, BARBARA
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

Barbara Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	<input type="checkbox"/> Delete
NAME	SHAW, BARBARA PASTOR	
STREET ADDRESS	3540 SW 3RD ST.,	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, GODFREY A PASTOR	
STREET ADDRESS	3540 SW 3RD ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSBY, KAIAO MINISTER	
STREET ADDRESS	3540 SW 3RD ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARKER, ALICE	
STREET ADDRESS	2650 GREENWOOD TERR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHAW, LECHAND	
STREET ADDRESS	3540 SW 3RD ST, MELROSE PARK	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Parker	
STREET ADDRESS	2658 Greenwood Terr.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bremman H.S Busby	
STREET ADDRESS	3540 S.W 3rd St Ft Laud FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05

954-587-9013

Daytime Phone #