


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

06-12-2007 90111 042 \*\*\*\*61.25

<b>DOCUMENT # N95000005452</b>					
<b>1. Entity Name</b> CHARIOTS CHAPLAINS OF HOPE & LOVE INTERNATIONAL NETWORK INC "A MINISTRY OF LOVE"					
<b>Principal Place of Business</b> 3540 SW 3RD ST FORT LAUDERDALE, FL 33312			<b>Mailing Address</b> 3540 SW 3RD ST, MELROSE PARK FT. LAUDERDALE, FL 33312		
<b>2. Principal Place of Business - No P.O. Box #</b> 3540 S-W 3rd St		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. Fort Lauderdale		Suite, Apt. #, etc.			
City & State Florida		City & State		<b>4. FEI Number</b> 65-0644612	
Zip 33312		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHAW, BARBARA 3540 SW 3RD ST. FT. LAUDERDALE, FL 33312			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	EXD SHAW, BARBARA PASTOR 3540 SW 3RD ST., FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D SHAW, GODFREY A PASTOR 3540 SW 3RD ST. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D BUSBY, KAIANO MINISTER 3540 SW 3RD ST FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T PARKER, ALICE 2650 GREENWOOD TERR BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T SHAW, LECHAND 3540 SW 3RD ST, MELROSE PARK FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T DAVIS, ILENE CENTURY VILLAGE EAST DEERFIELD BCH, FL 33342	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Pastor Barbara Shaw</u> <span style="float: right;">June 1, 07</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					