

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90003 015 \*\*\*\*70.00

**DOCUMENT # N95000005452**

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



Principal Place of Business  
**3540 SW 3RD ST  
FORT LAUDERDALE, FL 33312**

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



2. Principal Place of Business - No P.O. Box #  
**3540 S.W 3rd St**

3. Mailing Address

Suite, Apt. #, etc.

**Fort Lauderdale**

Suite, Apt. #, etc.

City & State

**FL 33312**

City & State

Zip

Country

Zip

Country

04182008

Chg-NP

CR2E037 (12/06)

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

**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 B Shaw*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	EXD SHAW, BARBARA PASTOR 3540 SW 3RD ST., FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, GODFREY A PASTOR 3540 SW 3RD ST. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSBY, KAIANO MINISTE 3540 SW 3RD ST FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, ALICE 2650 GREENWOOD TERR BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAW, LECHAND 3540 SW 3RD ST, MELROSE PARK FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ILENE CENTURY VILLAGE EAST DEERFIELD BCH, FL 33342	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Parker 3540 S.W 3rd St Fort Land. FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** *Pastor Barbara Shaw* *Pastor Barbara Shaw* *May 2008* *954* *587-0695*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #