

DOCUMENT # 754914

1. Entity Name

WEBB D. CHENAULT MINISTRIES INC.

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 018 ****61.25

Principal Place of Business

665 N.W. 150 STREET
 C/O WEBB D. CHENAULT
 MIAMI FL 33168

Mailing Address

665 N.W. 150 STREET
 C/O WEBB D. CHENAULT
 MIAMI FL 33168

2. Principal Place of Business

1856 NE 163rd Street

Suite, Apt. #, etc.

1856 NE 163rd Street

City & State

N Miami Beach, FL 33162

Zip

33162

Country

Dade

3. Mailing Address

WEBB D. CHENAULT MIN. INC.

Suite, Apt. #, etc.

1856 NE 163rd Street

City & State

N Miami Beach, FL

Zip

33162

Country

Dade

4. FEI Number

59-2043389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHENAULT, WEBB D.
 665 N.W. 150 STREET
 MIAMI FL 33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHENAULT, WEBB D.	
STREET ADDRESS	665 N.W. 150 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, MARK A.	
STREET ADDRESS	17181 N. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, DEBORA L.	
STREET ADDRESS	17181 N. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHENAULT, CASSIE L.	
STREET ADDRESS	665 N.W. 150 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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: *Webb D. Chenault* WEBB D. CHENAULT

April 20, 2005

305-957-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #