

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90144 048 \*\*\*\*61.25

**DOCUMENT # N95000004729**



1. Entity Name  
**WALLS OF FIRE MINISTRIES INC.**

Principal Place of Business

**5301 NW 17TH AVE  
MIAMI FL 33142**

Mailing Address

**8401 SW 107 AVENUE  
E-357  
MIAMI FL 33173  
US**

**90012602**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 2152**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Miami**

4. FEI Number **65-0601804**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33247**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, CLARENCE  
8401 SW 107TH AVE  
E-357  
MIAMI FL 33173**

Name **Charlotte Thompson**

Street Address (P.O. Box Number is Not Acceptable)  
**1086 N.E. 209th Ave.**

City **Miami**

FL Zip Code **33179**

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 **1/29/03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, CLARENCE	
STREET ADDRESS	8401 SW 107TH AVE E-357	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WILSON, CHARLOTTE	
STREET ADDRESS	8401 SW 107TH AVE E-357	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANTANA, BARBARA	
STREET ADDRESS	7616 NW 30TH AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Thompson	
STREET ADDRESS	1086 N.E. 209th Ave.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS ELLA HARRIS	
STREET ADDRESS	1794 N.W. 56 St	
CITY-ST-ZIP	Miami FL 33142	
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: **1/29/03** **305691-9510**

CR2E037 (10/02)