

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000651

1. Entity Name

CHESTERFIELD WILSON MINISTRY, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90003 005 \*\*\*\*61.25

**A0073695**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11111 NW 17TH AVENUE  
 MIAMI FL 33167

11111 NW 17TH AVENUE  
 MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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, CHESTERFIELD  
 11111 NW 17TH AVENUE  
 MIAMI FL 33167

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.

SIGNATURE

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**

**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, CHESTERFIELD	
STREET ADDRESS	11111 NW 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAWFORD, GLORIA	
STREET ADDRESS	11111 NW 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EMILE, ANNA	
STREET ADDRESS	11111 NW 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Chesterfield Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-19-00*

CR2E037 (5/00)