

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008721

**Entity Name:** CHESTERFIELD WILSON 5 FOLD MINISTRIES INC

**Current Principal Place of Business:**

8020 SUNRISE LAKES DR N  
312  
SUNRISE, FL 33322

**Current Mailing Address:**

8020 SUNRISE LAKES DR N  
312  
SUNRISE, FL 33322 US

**FEI Number:** 33-1142509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, CHESTERFIELD APOSTLE  
8020 SUNRISE LAKES DR N  
312  
SUNRISE, FL 33322 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            WILSON, CHESTERFIELD APOSTLE  
Address        8020 SUNRISE LAKES DR N APT 312  
City-State-Zip: SUNRISE FL 33322

Title            SEC  
Name            GEORGE, ANTONIO  
Address        561 ELDORADO PARKWAY  
City-State-Zip: PLANTATION FL 33317

Title            VICE PRESIDENT  
Name            WILSON, NANCY  
Address        8020 SUNRISE DRIVE N APT312  
City-State-Zip: SUNRISE FL 33322

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHESTERFIELD WILSON

**PRESIDENT**

**03/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date