

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

DOCUMENT # *N99000005406*

1. Entity Name
Le Robinson Condoso Ministries, Inc

DO NOT WRITE IN THIS SPACE



FILED
04 JUL 28 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
113 E. Maryland St
Suite, Apt. #, etc. *N/A*
City & State *EVANSVILLE IN*
Zip *47711* Country *U.S*

3. Mailing Address
Suite, Apt. #, etc.
City & State *IN*
Zip Country

4. FEI Number *65-0950516* Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name *Lillie m. Condoso*
Street Address (P.O. Box Number is Not Acceptable) *113 E. Maryland St*
EVANSVILLE IN 47711 (Temp)
City *SEE ATTACHED* 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 *Lillie m. Robinson - Condoso* DATE *4/22/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

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	<i>PFD</i>	TITLE	
NAME	<i>Lillie m. Condoso</i>	NAME	
STREET ADDRESS	<i>113 E. Maryland St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>EVANSVILLE, IN 47711</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>Deane Mickinson (mickens)</i>	NAME	
STREET ADDRESS	<i>113 E. Maryland St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>EVANSVILLE IN 47711</i>	CITY-ST-ZIP	
TITLE	<i>PFD</i>	TITLE	
NAME	<i>SAVIER T. Condoso</i>	NAME	
STREET ADDRESS	<i>113 E. Maryland St</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>EVANSVILLE, IN 47711</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>113 E. Maryland St EVANSVILLE IN 47711</i>	NAME	
STREET ADDRESS	<i>ISAAC m. mickens (new)</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like employees.

SIGNATURE *Lillie m. Robinson - Condoso* PFD *4/24/04*

CR2E037B (12/02)

July 26, 2004

Dear Shaun:

Thank you for your assistance today. Re: letter from Tina Roberts. L. Robinson Condeso Ministries, Inc. Key # N99000005406.

Please be advised that this is the Florida Address requested by Ms. Tina Roberts.

Attention:

Lillian Condeso

L. Robinson - Condeso
Ministries, Inc.

1861 N. Federal Highway
Hollywood; FL. 33020
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It can be reached via Telephone
Cell. 812-303-0011 or Main 812-303-2772
Temporary Office
L. Robinson Condeso Ministries, Inc.