2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State
04-25-2006 90110 022 ****61.25

DOCUMENT # N02000004540

1. Entity Name
BISHOP L.C. MINISTRIES, INC.

Principal Place of Business	Mailing Address
1929 WESTFALL DR. ORLANDO, FL 32817	P.O. BOX 780611 ORLANDO, FL 32878-0611

03222006 Chg-NP CR2E037 (11/05)

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 03-0457112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHESTER, LARRY
12344 SHADOWBROOK LN
ORLANDO, FL 32828

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHESTER, LARRY 12344 SHADOWBROOK LN ORLANDO, FL 32828	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Karen SANTIAGO 11025 DAWNVIEW LN ORLANDO, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, VERNON 1121 MERRITT ST. ALTAMONTE SPRING, FL 32701	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND whyte P.O. Box 6005 OCALA, FL 34478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGE, WAYNE 3297 MONTANO AVE. SPRING HILL, FL 34609	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LEONARD Chester 407 Poppy Lane Inverness, FL 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTIN, NIKITRA D 182 MAGNOLIA PARK TRAIL SANFORD, FL 32773	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Joe Johnson 828 Twigg St. Brooksville, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P CHESTER, TONI V 12344 SHADOWBROOK LANE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORENCE, ARTHUR L SR. 36909 FORESTDEL DR. EUSTIS, FL 32736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #