2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # N0200004540 1. Erdity Name BISHOP L.C. MINISTRIES, INC.						04-25-200	06 90110	022 ***	**61.25
Principal Place 1929 WESTF ORLANDO, FI	ALL DR.	Mailing Address P.O. BOX 780611 ORLANDO, FL 32878-0	611	-	7	Form then book form of	TJ 8570 8881 815	81 6 781 6357 67	ING H 1711
2. Principal Place of Business 3. Ma		3. Mailing Address	ailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (11/05)	
City & State		City & State	City & State		4. FEI Numbe 03-0457	, 112	Á		oplied For ot Applicable
Zip	Country	Ζiρ	Country		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent			7 Name and	Address of New !	Pegistered A	Seut.	
CHESTER, LARRY 12344 SHADOWBROOK LN ORLANDO, FL 32828			Name Street Address		P.O. Box Numbe	r is Not Acceptable	9)		-
	전략:		City	·			FL	Zip Cod	le .
the obligation of the street o	named entity submits this statement for ions of registered agent.	and purpose of chariging its in		or registor	ou age.«, u oo.	i, iir ii ie State oi Fi	Olog, Tallia	atalies wich	and accept
	Signature, typed or pristed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	Barries estate	when reinstating)		DATE		
	Filing Fee is \$51.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	Devuper enuts	\$5.00 May Be Added to Fees		DATE Make check ride Departi		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	NGES TO OFFICE	fake check rida Departi	ment of Si	tat o
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I butther 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:

IGNAZINE AND FIFED OR PROTTED HAME OF SECHING OFFICEN OR DIRECTOR

3/29/04

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