2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N02000004540

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

Current Principal Place of Business:

1929 WESTFALL DR.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780611
ORLANDO, FL 328780611

New Mailing Address:

FEI Number: 03-0457112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHESTER, LARRY
12344 SHADOWBROOK LN
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CHESTER, LARRY	
Address:	12344 SHADOWBROOK LN	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	( ) Delete
Name:	WHYTE, RAYMOND	
Address:	P.O. BOX 6065	
City-St-Zip:	OCALA, FL 34478	
Title:	D	( ) Delete
Name:	PAGE, WAYNE	
Address:	3297 MONTANO AVE.	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	T	( ) Delete
Name:	MARTIN, NIKITRA D	
Address:	182 MAGNOLIA PARK TRAIL	
City-St-Zip:	SANFORD, FL 32773	
Title:	V/P	( ) Delete
Name:	CHESTER, TONI V	
Address:	12344 SHADOWBROOK LANE	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	( ) Delete
Name:	FLORENCE, ARTHUR L SR.	
Address:	36909 FORESTDEL DR.	
City-St-Zip:	EUSTIS, FL 32738	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LARRY CHESTER P 03/23/2009

Electronic Signature of Signing Officer or Director — Date