

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90098 005 \*\*\*\*70.00

**DOCUMENT # N02000005454**

1. Entity Name

LINDA BRADSHAW MINISTRIES, INC.



Principal Place of Business

PO BOX 29832  
TAMPA FL 33682-2832

Mailing Address

4610 E POINSETTIA AVE  
TAMPA FL 33617

2. Principal Place of Business

*Building*  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

*Tampa Fla*

City & State

*Tampa Fla*

4. FEI Number

59-5761545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, LINDA  
4610 E POINSETTIA AVE  
TAMPA FL 33617-5940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

**FILE NOW: 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADSHAW, LINDA	
STREET ADDRESS	4610 E POINSETTIA AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, GEORGE D III	
STREET ADDRESS	4610 E POINSETTIA AVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIMES, LOIS	
STREET ADDRESS	10312 NIYON RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, JACK	
STREET ADDRESS	8502 REYNALD BLVD	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, EDWARD	
STREET ADDRESS	2203 W. COLLIN ST #205	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Linda Bradshaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/06*  
Date

Telephone Number