

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005454

1. Entity Name

LINDA BRADSHAW MINISTRIES, INC.



Principal Place of Business

7675 N 56TH ST
TAMPA FL 33617-7705

Mailing Address

4610 E POINSETTIA AVE
TAMPA FL 33617



1st MOORE

CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-5761545

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 is required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ☐ Delete
NAME BRADSHAW, LINDA
STREET ADDRESS 4610 E POINSETTIA AVE
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME KNIGHT, GEORGE D III
STREET ADDRESS 4610 E POINSETTIA AVE
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME GRIMES, LOIS
STREET ADDRESS 10312 NIYON RD
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete
NAME WATSON, JACK
STREET ADDRESS 8502 REYNALD BLVD
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Delete
NAME LOPEZ, EDWARD
STREET ADDRESS 2203 W. COLLIN ST #205
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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