2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005454

Entity Name: LINDA BRADSHAW MINISTRIES, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7675 N 56TH ST TAMPA, FL 336177705

Current Mailing Address: New Mailing Address:

4610 E POINSETTIA AVE TAMPA, FL 33617 4610 E POINSETTIA AVE TAMPA, FL 336173940

FEI Number: 59-5761545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRADSHAW, LINDA BRADSHAW, LINDA L PRES. 4610 E POINSETTIA AVE TAMPA, FL 336175940 US BRADSHAW, LINDA L PRES. 14610 E POINSETTIA AVE TAMPA, FL 336173940 US

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: LINDA L. BRADSHAW 02/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BRADSHAW, LINDA BRADSHAW, LINDA L Name: Name: Address: 4610 E POINSETTIA AVE Address: 4610 E POINSETTIA AVE City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 336173940 Title: () Delete Title: () Change () Addition KNIGHT, GEORGE D III Name: Name: Address: 4610 E POINSETTIA AVE Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 GRIMES, LOIS
 Name:

 Address:
 10312 NIYON RD
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WATSON, JACK
 Name:

 Address:
 8502 REYNALD BLVD
 Address:

 City-St-Zip:
 TAMPA, FL 33637
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LOPEZ, EDWARD
 Name:

 Address:
 2203 W. COLLIN ST #205
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 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: LINDA L. BRADSHAW PRES 02/11/2009