

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004867

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** BIACA MINISTRIES INC.

**Current Principal Place of Business:**

145 GEM LAKE DR  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4431  
ORLANDO, FL 328024431

**New Mailing Address:**

P.O.BOX 4431  
ORLANDO, FL 32802 US

**FEI Number:** 52-2091928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DIE BIDIMPATA, P. TSHIMANGA  
145 GEM LAKE DR  
MAITLAND, FL 32751 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:** CEO  
**Name:** TSHIMANGA, BIDIMPATA P  
**Address:** 143 VIA-EL TORO  
**City-St-Zip:** THOUSANDS-OAKS, CA 91320

**Title:** D  
**Name:** TSHIMANGA, DIDO B  
**Address:** 3818 W. 59TH STREET  
**City-St-Zip:** LOS ANGELES, CA 90041

**Title:** D  
**Name:** MADY LUPETU, PROPHETESS M  
**Address:** 798 S. GRAND HWY, #2  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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 all other like empowered.

**SIGNATURE:** MADY L.

D

04/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date