


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005406 1. Entity Name L. ROBINSON-CONDESO MINISTRIES, INC.	
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Principal Place of Business 1861 N. FEDERAL HWY #175 HOLLYWOOD, FL 33020	Mailing Address 1861 N. FEDERAL HWY #175 HOLLYWOOD, FL 33020
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04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0950516	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDESO, LILLIE M
 1861 N FEDERAL HIGHWAY
 #175
 HOLLYWOOD, FL 33020

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PFD CONDESO, LILLIE M 4620 SPRINGVALLEY RD EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKENS, ALEENE L 4536 SPRINGVALLEY RD EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONDESO, JAVIER T 4620 SPRINGVALLEY RD EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKENS, ISAC M 520 WEINBACH AVE EVANSVILLE, IN 47715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000746877
05/17/07-80004-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lillie M. Condeso 04/25/07 305-944-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #