

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004540

**Entity Name:** BISHOP L.C. MINISTRIES, INC.

**Current Principal Place of Business:**

1865 N. ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32817

**Current Mailing Address:**

P.O. BOX 780611  
ORLANDO, FL 32878-0611

**FEI Number: 03-0457112**

**Certificate of Status Desired: Yes**

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

CHESTER, LARRY  
12344 SHADOWBROOK LN  
ORLANDO, FL 32828 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name CHESTER, LARRY  
Address 12344 SHADOWBROOK LN  
City-State-Zip: ORLANDO FL 32828

Title V/P  
Name CHESTER, TONI V  
Address 12344 SHADOWBROOK LN  
City-State-Zip: ORLANDO FL 32828

Title D  
Name CHESTER, LONNIE  
Address 3101 E DEAL ST  
City-State-Zip: INVERNESS FL 34450

Title T  
Name FORD, VERNON  
Address 1121 MERRITT ST  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title S  
Name HUDSON-SANTIAGO, KAREN  
Address 11025 DAWNVIEW LANE  
City-State-Zip: ORLANDO FL 32825

Title D  
Name JOHNSON, JOE  
Address 828 TWIGG ST  
City-State-Zip: BROOKSVILLE FL 34601

*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: KAREN HUDSON-SANTIAGO**

**EXECUTIVE ASSISTANT**

**01/09/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date