

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004540

**Entity Name:** BISHOP L.C. MINISTRIES, INC.**Current Principal Place of Business:**225 N. SEMINOLE AVE  
INVERNESS, FL 34450**Current Mailing Address:**P.O. BOX 678755  
ORLANDO, FL 32867-8755 US**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            | LANGLEY, TAMMY          |
| Address         | 11383 SOUTH FLORIDA AVE |
| City-State-Zip: | FLORAL CITY FL 34436    |

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

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | HUDSON-SANTIAGO, KAREN |
| Address         | P.O. BOX 678755        |
| City-State-Zip: | ORLANDO FL 32867       |

|                 |                      |
|-----------------|----------------------|
| Title           | ELDER                |
| 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: LARRY CHESTER****PRESIDENT****01/27/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date