

**2025 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:** No

**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 1604 HOOFPRI NT CT  
City-State-Zip: FRUITLAND PARK FL 34731

Title ELDER  
Name LANGLEY, JOHN  
Address 1604 HOOFPRI NT CT  
City-State-Zip: FRUITLAND PARK FL 34731

Title S  
Name HUDSON, 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

Title ELDER  
Name CHESTER, LEONARD  
Address 407 POPPY LN  
City-State-Zip: INVERNESS FL 34452

Title ELDER  
Name STOKES, RODNEY  
Address 10308 PARK COMMONS DR  
City-State-Zip: ORLANDO FL 32832

*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**

**02/05/2025**

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

\_\_\_\_\_  
Date