

2023 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	ELDER
Name	LANGLEY, JOHN
Address	1604 HOOFPRI NT
City-State-Zip:	FRUITLAND PARK FL 34731

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

Title	V/P
Name	LANGLEY, TAMMY
Address	1604 HOOFPRI NT
City-State-Zip:	FRUITLAND PARK FL 34731

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

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

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: HUDSON-SANTIAGO, KAREN**SECRETARY****01/12/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date