

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005406

**Entity Name:** L. ROBINSON-CONDESO MINISTRIES, INC.

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC4541847756**

**Current Principal Place of Business:**

12864 BISCAYNE BLVD  
#255  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12864 BISCAYNE BLVD  
#255  
NORTH MIAMI, FL 33181

**FEI Number: 65-0950516**

**Certificate of Status Desired: No**

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

CONDESO, LILLIE M  
12864 BISCAYNE BLVD  
#255  
NORTH MIAMI, FL 33181 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            PFD  
Name            CONDESO, LILLIE M  
Address        1360 N.E. 128TH STREET, #3  
City-State-Zip: NORTH MIAMI FL 33161

Title            D  
Name            MICKENS, ALEENE L  
Address        1360 N. E. 128TH STREET, #3  
City-State-Zip: NORTH MIAMI, FL 33161

Title            DVP  
Name            CONDESO, JAVIER T  
Address        1360 N. E. 128TH STREET, #3  
City-State-Zip: NORTH MIAMI, FL 33161

Title            D  
Name            MICKENS, ISIAK M  
Address        7001 N W 16TH STREET, APT. 316  
City-State-Zip: PLANTATION FL 33313

*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: LILLIE M CONDESO**

**PFD**

**04/20/2017**

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

\_\_\_\_\_  
Date