

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/30/2024

General Information

Name: Hon Mitchell David Bishop

CONFIDENTIAL

PID 242186

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (8Th)	Elected Constitutional Officer	County Court Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 349,153.91.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Homestead: {REDACTED}	\$ 673,589.00
2020 Ford F150	\$ 39,808.00
2020 Ford Expedition	\$ 26,977.00
NFCU Accounts	\$ 2,580.00
Campus USA Credit Union	\$ 2,348.00
Edward Jones Investments (Mutual Funds & 529s)	\$ 27,051.04
Nationwide Deferred Comp. 457	\$ 11,181.45
Thrift Savings Plan (DoD)	\$ 6,900.47
FRS Contributions (Pension Plan)	\$ 35,655.16
Florida Prepaid College Savings Contributions	\$ 33,535.24

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Campus USA Credit Union Mortgage	PO Box 147029, Gainesville, FL 32614	\$ 471,249.16
Campus USA Credit Union HEL	PO Box 147029, Gainesville, FL 32614	\$ 76,026.54
Campus USA Credit Union Auto Loan (F150)	PO Box 147029, Gainesville, FL 32614	\$ 33,626.58
Ford Credit (Expedition)	PO Box 650575, Dallas, TX 75265	\$ 26,288.77

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida (County Judge)	200 E. Gaines St. Tallahassee, FL 32399	\$ 176,996.55
DFAS (US Marine Corps Reserve)	1240 E. 9th St. Cleveland, OH 44199	\$ 27,374.40

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1	
Name of Business Entity	Bishop Family Cemetery, Inc.
Address of Business Entity	PO Box 686, Lake Butler, FL 32054
Principal Business Activity	Private Family Cemetery
Postion Held with Entity	Director
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	Volunteer Member of BoD. No Ownership or Compensation.
See Attached.	

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

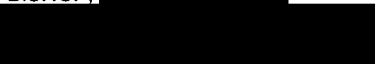
Mitchell David Bishop

Digitally signed: **04/30/2024**

Filed with COE: 04/30/2024

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005708

Entity Name: BISHOP FAMILY CEMETERY, INC.**Current Principal Place of Business:****Current Mailing Address:**P.O. BOX 686
LAKE BUTLER, FL 32054 US**FEI Number:** 26-2511135**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BISHOP, 
*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:** 

03/12/2024

Electronic Signature of Registered Agent

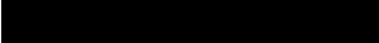
Date

Officer/Director Detail :

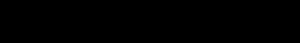
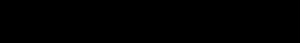
Title CHAIRMAN, DIRECTOR
Name 
Address P.O. BOX 686
City-State-Zip: LAKE BUTLER FL 32054

Title TREASURER
Name ADAMS, KENDRA B
Address 1530 GROVELAND HILLS DRIVE
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name BOGGS, ANDREA B
Address 1824 CHANCERY LANE
City-State-Zip: ATLANTA GA 30341

Title DIRECTOR
Name 
Address 
City-State-Zip: 

Title DIRECTOR
Name LYNN, LAURA
Address 247 ROBINHOOD COURT
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name 
Address 
City-State-Zip: 

Title DIRECTOR
Name BISHOP, MITCHELL
Address P.O. BOX 686
City-State-Zip: LAKE BUTLER FL 32054

Title PRESIDENT
Name VOLA, WENDY
Address P.O. BOX 300
City-State-Zip: ORANGE SPRINGS FL 32182

Continues on page 2

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: MITCHELL BISHOP**DIRECTOR**

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name [REDACTED]
Address P.O. BOX 686
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name CARTER, CRYSTAL
Address 575 FREEMAN DRIVE
City-State-Zip: COVINGTON GA 30016