

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 760971

1. Entity Name
BOB MINUT MINISTRIES, INC.



Principal Place of Business
**2144 SW CHARLOTTE
ARCADIA, FL 34266 US**

Mailing Address
**2144 SW CHARLOTTE
ARCADIA, FL 34266 US**



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2171065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORD, CONNIE N
2144 SW CHARLOTTE ST
ARCADIA, FL 34266**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MINUT, ROBERT J
90 OAK ST, RANCHO GRANDE ESTATES
RESERVE, NM 87830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FORD, CONNIE J
2144 SW CHARLOTTE ST
ARCADIA, FL 34266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MINUT, CLARA L.
90 OAK ST, RANCHO GRANDE ESTATES
RESERVE, NM 87830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000618990
02/08/07-80054-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Minut

ROBERT J. MINUT, PTD

1/27/07

505-533-6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #