2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 760971

1. Entity Name
BOB MINUT MINISTRIES, INC.

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

01162008 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: Connie D. Ford CONNIE N. FORD, DIRECTOR 1/16/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MINUT, ROBERT J
STREET ADDRESS	90 OAK ST, RANCHO GRANDE ESTATES
CITY-ST-ZIP	RESERVE, NM 87830
TITLE	D
NAME	FORD, CONNIE J
STREET ADDRESS	2144 SW CHARLOTTE ST
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	SD
NAME	MINUT, CLARA L
STREET ADDRESS	90 OAK ST, RANCO GRANDE ESTATES
CITY-ST-ZIP	RESERVE, NM 87830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824819
02/20/08-80092-023 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, PRES. 2/3/08 575-533-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #