

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N23180	
1. Entity Name BOB NUTTING MINISTRIES, INC.	

Principal Place of Business %ROBERT E. NUTTING 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805	Mailing Address %ROBERT E. NUTTING 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
4. FEI Number 59-2855260	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUTTING, ROBERT E. 1801 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
SD EVANS, RANDALL JR 19536 COUNTY RD 459 CLERMONT FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
P NUTTING, ROBERT E 5400 BALBOA DRIVE ORLANDO FL 32808	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D LILLY, GENE P.O. BOX 487 CAPE CANAVERAL FL 32920	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D BART, BIDDLE 2300 JET POINT DR. ORLANDO FL 32809	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VPD DAVIS, JOSEPH B 623 MANSFIELD ST. ALTAMONTE SPRINGS FL 32701	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
T JOOSTE, MARTIN 1801 SOUTH ORANGE 131ST TR ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U000000851150 03/25/08-80025-016 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 