

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:05

DOCUMENT # **N38828** (2)

1. Corporation Name

**BOB AND ROSE WEINER MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8017 SW 43RD PLACE GAINESVILLE FL 32608	P. O. BOX 1799 GAINESVILLE FL 32602-1799 US

3. Date Incorporated or Qualified <b>06/27/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FBI Number <b>59-3022470</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**WEINER, ROBERT T JR**  
**8017 SW 43RD PLACE**  
**GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>WEINER, ROBERT T JR</b>
STREET ADDRESS	<b>8017 SW 43RD PLACE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>O</b>
NAME	<b>WEINER, ROSE E</b>
STREET ADDRESS	<b>8017 SW 43RD PLACE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>PAPPIS, NICK</b>
STREET ADDRESS	<b>62 COLONIAL COVE</b>
CITY - ST - ZIP	<b>JACKSON TN</b>
TITLE	<b>D</b>
NAME	<b>SORENSEN, DICK</b>
STREET ADDRESS	<b>700 E. FAIRVIEW #52</b>
CITY - ST - ZIP	<b>MERIDIAN FL</b>
TITLE	<b>O</b>
NAME	<b>JARNUTOWSKI, SHERRIE</b>
STREET ADDRESS	<b>1153 LAKEVIEW AVE.</b>
CITY - ST - ZIP	<b>RICHLANDS NC</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>P.O. BOX 45178 PD</b>
44 CITY - ST - ZIP	<b>BOISE, IDAHO 83711-5178</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert T. Weiner* MAY 16 1995 904-375-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE  
Daytime Phone #