

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38828** (2)

1. Corporation Name

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



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 **06/27/1990** 3a. Date of Last Report **05/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	<b>59-3022470</b>	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, ROBERT T JR</b>	1.2 NAME	
STREET ADDRESS	<b>8017 SW 43RD PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>O OFFICER</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>OFFICER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, ROSE E</b>	2.2 NAME	
STREET ADDRESS	<b>8017 SW 43RD PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D Director</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPPIS, NICK</b>	3.2 NAME	
STREET ADDRESS	<b>62 COLONIAL COVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSON TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D Director</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORENSEN, DICK</b>	4.2 NAME	<b>700 East Fairview # 52</b>
STREET ADDRESS	<b>P. O. BOX 45178</b>	4.3 STREET ADDRESS	<b>Meridian, ID 83642</b>
CITY-ST-ZIP	<b>BOISE ID</b>	4.4 CITY-ST-ZIP	
TITLE	<b>O OFFICER</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>OFFICER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARNUTOWSKI, SHERRIE</b>	5.2 NAME	
STREET ADDRESS	<b>1153 LAKEVIEW AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHLANDS NC</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>600001887866</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/09/96--01104--003</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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 119.07(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, Jr* Robert T. Weiner, Jr 352-375-4455  
Date: Daytime Phone #

CR2E037 (12/95)