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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 8017 SW 43RD PLACE, GAINESVILLE FL 32608
Mailing Address: P. O. BOX 1799, GAINESVILLE FL 32602-1799, US

3. Date Incorporated or Qualified: 06/27/1990
3a. Date of Last Report: 07/09/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-3022470
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, ROBERT T JR	1.2 NAME	
STREET ADDRESS	8017 SW 43RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, ROSE E	2.2 NAME	
STREET ADDRESS	8017 SW 43RD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPIS, NICK	3.2 NAME	
STREET ADDRESS	62 COLONIAL COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON TN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, DICK	4.2 NAME	
STREET ADDRESS	700 E. FAIRVIEW #52	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN ID 83642	4.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARNUTOWSKI, SHERRIE	5.2 NAME	
STREET ADDRESS	1153 LAKEVIEW AVE.	5.3 STREET ADDRESS	2800 Hirschfield #182
CITY-ST-ZIP	RICHLANDS NC	5.4 CITY-ST-ZIP	SPRING, TX 77373
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIBLEY, DAVID	6.2 NAME	Director
STREET ADDRESS	P O BOX 22	6.3 STREET ADDRESS	SHIBLEY, DAVID
CITY-ST-ZIP	ROCKWALL, TX 75087-0222	6.4 CITY-ST-ZIP	1910 WIND Hill circle
			Rockwall TX 75087-0222

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CP2E037 (9/96)