

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90025 013 ****61.25

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DOCUMENT # N38828
 1. Entity Name
BOB AND ROSE WEINER MINISTRIES, INC.

Principal Place of Business 2622 C-1 NW 43RD. ST. GAINESVILLE FL 32606	Mailing Address P. O. BOX 1799 GAINESVILLE FL 32602-1799 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8017 SW 43rd Place	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip 32608	Country

4. FEI Number 59-3022470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WEINER, ROBERT T JR
 8017 SW 43RD PLACE
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME D WEINER, ROBERT T JR	<input type="checkbox"/> Delete
STREET ADDRESS 8017 SW 43RD PLACE	
CITY-ST-ZIP GAINESVILLE FL 32608	
TITLE NAME O WEINER, ROSE E	<input type="checkbox"/> Delete
STREET ADDRESS 8017 SW 43RD PLACE	
CITY-ST-ZIP GAINESVILLE FL 32608	
TITLE NAME D PAPPIS, NICK	<input type="checkbox"/> Delete
STREET ADDRESS 62 COLONIAL COVE	
CITY-ST-ZIP JACKSON TN 3830	
TITLE NAME D SORENSEN, DICK	<input type="checkbox"/> Delete
STREET ADDRESS 700 E. FAIRVIEW #52	
CITY-ST-ZIP MERIDIAN ID 83642	
TITLE NAME O JARNUTOWSKI, SHERRIE	<input type="checkbox"/> Delete
STREET ADDRESS 12342 HUNTERS HAVEN LN	
CITY-ST-ZIP JAX FL 32224	
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Pappis, Nick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 103 Emerald Lake	
CITY-ST-ZIP Jackson, TN 38305	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME O Jarnutowski, Sherric	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2222 Walkers Glen Lane	
CITY-ST-ZIP Jacksonville, FL 32246	
TITLE NAME D Doron, Klaven	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3801 Blairs Ferry Road NE	
CITY-ST-ZIP Cedar Rapids, IA 52402	

12. I 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 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: Sherrie Jarnutowski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 01
 Date
 904 645-3965
 Daytime Phone #

CR2E037 (10/00)