

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0064659

DOCUMENT # N38828

1. Entity Name

BOB AND ROSE WEINER MINISTRIES, INC.

04-09-2002 91170 039 *****61.25

Principal Place of Business 8017 SW 43RD PLADCE GAINESVILLE FL 32608	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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	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 _____ **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	D <input type="checkbox"/> Delete
NAME	WEINER, ROBERT T JR
STREET ADDRESS	8017 SW 43RD PLACE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	O <input type="checkbox"/> Delete
NAME	WEINER, ROSE E
STREET ADDRESS	8017 SW 43RD PLACE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D <input type="checkbox"/> Delete
NAME	PAPPIS, NICK
STREET ADDRESS	103 EMERALD LAKE
CITY-ST-ZIP	JACKSON TN 38305
TITLE	D <input type="checkbox"/> Delete
NAME	SORENSEN, DICK
STREET ADDRESS	700 E. FAIRVIEW #52
CITY-ST-ZIP	MERIDIAN ID 83642
TITLE	O <input type="checkbox"/> Delete
NAME	JARNUTOWSKI, SHERRIE
STREET ADDRESS	2222 WALKERS GLEN LANE
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	D <input type="checkbox"/> Delete
NAME	DORON, REUVEN
STREET ADDRESS	3801 BLAIRS FERRY ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS IA 52402

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED **3-28-02** **352-375-9455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)