

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90001 007 \*\*\*\*61.25

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



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

44010633



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3022470**  
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **D**  Delete  
 NAME **WEINER, ROBERT T JR**  
 STREET ADDRESS **8017 SW 43RD PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **O**  Delete  
 NAME **WEINER, ROSE E**  
 STREET ADDRESS **8017 SW 43RD PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PAPPIS, NICK**  
 STREET ADDRESS **103 EMERALD LAKE**  
 CITY-ST-ZIP **JACKSON TN 38305**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SORENSEN, DICK**  
 STREET ADDRESS **P.O. BOX 106**  
 CITY-ST-ZIP **SAINT MARIE MT 59231**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **O**  Delete  
 NAME **JARNUTOWSKI, SHERRIE**  
 STREET ADDRESS **2222 WALKERS GLEN LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Terry millender**  
 STREET ADDRESS **P.O. Box 594**  
 CITY-ST-ZIP **Springfield, VA 22150**

TITLE  Change  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: Robert T. Weiner, Jr. X **352-375-4455**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #