

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

8017 SW 43RD PLADCE
GAINESVILLE FL 32608

Mailing Address

P. O. BOX 1799
GAINESVILLE FL 32602-1799
US

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINER, ROBERT T JR
8017 SW 43RD PLACE
GAINESVILLE FL 32608

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ 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 ☐ 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 ☐ 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 ☐ Delete
NAME SORENSON, DICK
STREET ADDRESS P.O. BOX 106
CITY-ST-ZIP SAINT MARIE MT 59231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 Pastor
CITY-ST-ZIP PO Box 594
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.

Date

Daytime Phone #