

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38828

FILED
Jan 10, 2008
Secretary of State

Entity Name: BOB AND ROSE WEINER MINISTRIES, INC.

Current Principal Place of Business:

8017 SW 43RD PLACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1799
GAINESVILLE, FL 326021799 US

New Mailing Address:

FEI Number: 59-3022470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEINER, ROBERT T JR,
Address: 8017 SW 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: O () Delete
Name: WEINER, ROSE E,
Address: 8017 SW 43RD PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: PAPPIS, NICK,
Address: 103 EMERALD LAKE
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: SORENSON, DICK
Address: P.O. BOX 106
City-St-Zip: SAINT MARIE, MT 59231

Title: O () Delete
Name: JARNUTOWSKI, SHERRIE
Address: 2222 WALKERS GLEN LANE
City-St-Zip: JACKSONVILLE, FL 32246

Title: P () Delete
Name: MILLENDER, TERRY
Address: P.O. BOX 594
City-St-Zip: SPRINGFIELD, VA 22150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WEINER

D

01/10/2008

Electronic Signature of Signing Officer or Director

_____ Date