

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38828

FILED  
Mar 23, 2009  
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 ( )

**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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

RW

03/23/2009

\_\_\_\_\_  
Date