

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005861 (8)

1. Corporation Name

ROBERT WINECOFF MINISTRIES, INC.



Principal Place of Business

P O BOX 2910
ORANGE PARK FL 32211

Mailing Address

P O BOX 2910
ORANGE PARK FL 32211

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 54132**

26 **P.O. Box 54132**

4. FEI Number

59-3348895

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32245**

25 **FL**

29 **32245**

30 **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, WILLIAM
426 GARRISON AVE
JACKSONVILLE FL 32211**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINECOFF, ROBERT	
STREET ADDRESS	P O BOX 2910 P.O. Box 54132 32245	
CITY-ST-ZIP	ORANGE PARK FL 32067-2910 JACKSONVILLE, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIDDELL, WILLIAM	
STREET ADDRESS	8218 WINDOVER COVE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES	
STREET ADDRESS	3833 FEATHER OAKS DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURRAY, WILLIAM	
STREET ADDRESS	426 GARRISON AVE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FANCHER, DARRELL	
STREET ADDRESS	8234 SHADY GROVE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10720 Minglewood Drive
14 CITY-ST-ZIP	Jacksonville, FL 32246
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	700001886798
63 STREET ADDRESS	-07/08/96--01081--028
64 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Winecoff

Date

Daytime Phone #

904-565-9950

CR2E037 (12/95)