## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N95000005861

ROBERT WINECOFF MINISTRIES, INC.

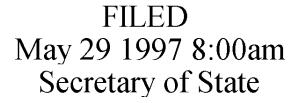
Mailing Address

P O BOX 54132 JACKSONVILLE FL 32245

Principal Place of Business

P O BOX 54132

JACKSONVILLE FL 32245-4132





3. Date Incorporated or Qualified 3a. Date of Last Report

					12/10/1000	1 6	אר וו האר	0
2. Principal	l Place of Business	2a. Mailing Address 26			4. FEI Number 59-3348895		$\rightarrow$	plied For t Applicable
Suite, Ap	e, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 A	
City & St 23	State City & State 28				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country Zip 29 30			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<del>- L</del>	9. Name and Address of Curre	ent Registered Agent	1		10. Name and Address of New Re-			
MURRAY, WILLIAM 426 GARRISON AVE				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
JACKS	SUNVILLE FL 32211		**					
·				City		FL	<b>85</b> Zip 0	ode
office o	or registered agent, or both, in the Stat I am familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 617.0503, Florida.	authorized b orida Statute	y the corporat s.	coration submits this statement for the patient is board of directors. I hereby acception when reinstating)	urpose of control the appoint	hanging its ntment as	s registered registered
12.	OFFICERS AI	ND DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFIC	ERS AND [	DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		<u> </u>	L	Change	Addition
NAME	WINECOFF, ROBERT		1.2 NAME				•	
STREET ADDRES				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244							
TITLE	VD VD	DELETE	1.4 City - 5 2.1 Title	51-2ir		r	Change	☐ Addition
	RIDDELL, WILLIAM	Direct				<u> </u>	_ Orlange	LLI Addition
NAME	AA4A 11411DALED AA1E		2.2 NAME					
STREET ADDRES			2.3 STREE					
CITY-ST-ZIP	JACKSONVILLE FL 32256	C Source	2. 4 CITY -	ST-ZIP				1 1 2 1 0 11
TITLE	VD	☐ DELETE	3.1 TITLE			L.	Change	Addition
NAME	WILLIAMS, JAMES		3.2 NAME					
STREET ADDRES		EAST	3.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32277		3.4. CITY-	ST-ZIP				
TITLE	SD	DELETE	4.1 TITLE			L	Change	Addition
NAME	MURRAY, WILLIAM		4. 2 NAME					
STREET ADDRES	s 426 GARRISON AVE	ST	4.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-	ST-ZIP				
TITLE	TD	☐ DELETE	5.1 TITLE		,		Change	☐ Addition
NAME	FANCHER, DARRELL		5.2 NAME					
STREET ADDRES	s 8234 SHADY GROVE COURT		5.3 STREET	ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL 32256		5.4 CITY - 9	i i				
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NAME				*	
STREET ADDRES	ss	_	6.3 STREE	ADDRESS				
CITY-ST-ZIP	$\perp$ $\wedge$ $\prime$	<b>r</b>	6.4 CITY - 5					
14 Lda bo	reby certify that the information suppli	ed with this filing does not quali	lu for the eve	motion states	d in Section 119.07(3)(i), Florida Statutes	s.   further c	ertify that	ihe
informa I am an appear	ation indicated on this annual apost or officer or director of the compression is in Block 12 or Block 13 if a figure 14.	supplemental annual report is to or the receiver or trustee empow or on an attachment with an add	rue and acc vered to exec dress.	urate and that cute this repor	t my signature shall have the same legal rt as required by Chapter 617, Florida Si	effect as if tatutes; and	made und I that my n	ler oath; tha ame

TUM REQUIRED