

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005861 (8)**

1. Corporation Name

ROBERT WINECOFF MINISTRIES, INC.

Principal Place of Business

Mailing Address

P O BOX 54132
JACKSONVILLE FL 32245

P O BOX 54132
JACKSONVILLE FL 32245



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

59-3348895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

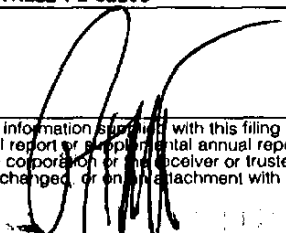
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINECOFF, ROBERT	1.2 NAME	
STREET ADDRESS	10320 MINGLEWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDELL, WILLIAM	2.2 NAME	
STREET ADDRESS	8218 WINDOVER COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES	3.2 NAME	
STREET ADDRESS	3833 FEATHER OAKS DRIVE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, WILLIAM	4.2 NAME	
STREET ADDRESS	426 GARRISON AVE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCHER, DARRELL	5.2 NAME	
STREET ADDRESS	8234 SHADY GROVE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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 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 changed, or on an attachment with an address.

SIGNATURE:



3/30/98

904-565-9950

CR2E037 (1097)