

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005861

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** ROBERT WINECOFF MINISTRIES, INC.

**Current Principal Place of Business:**

P.O. BOX 54132  
JACKSONVILLE, FL 32245

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1430  
MELROSE, FL 32666

**New Mailing Address:**

**FEI Number:** 59-3348895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, GARY M  
238 WESLEY ROAD  
GREEN COVE SPRINGS, FL 32043 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: PD ( ) Delete  
Name: WINECOFF, ROBERT  
Address: 151 CENTURY DR., 119-C  
City-St-Zip: GREENVILLE, SC 29607

Title: SD ( ) Delete  
Name: JONES, GARY M  
Address: 238 WESLEY ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD (X) Delete  
Name: HALL, TIM  
Address: 5196 CR 209 SOUTH  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY M JONES

SD

04/28/2005

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

\_\_\_\_\_  
Date