

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005861

FILED
Apr 26, 2006
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:

4 SEASIDE LANE
GREER, SC 29650

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WINECOFF, ROBERT
Address: 4 SEASIDE LANE
City-St-Zip: GREER, SC 29650

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 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 WINECOFF

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date