

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38828

**Entity Name:** BOB AND ROSE WEINER MINISTRIES, INC.

**Current Principal Place of Business:**

8017 SW 43RD PLACE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

P. O. BOX 1799  
GAINESVILLE, FL 32614-1799 US

**FEI Number:** 59-3022470

**Certificate of Status Desired:** No

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

WEINER, ROBERT T JR  
8017 SW 43RD PLACE  
GAINESVILLE, FL 32608 US

*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

**Officer/Director Detail :**

Title O  
Name WEINER, ROBERT T JR  
Address 8017 SW 43RD PLACE  
City-State-Zip: GAINESVILLE FL 32608

Title O  
Name WEINER, ROSE E  
Address 8017 SW 43RD PLACE  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name PAPPIS, NICK  
Address 103 EMERALD LAKE  
City-State-Zip: JACKSON TN 38305

Title D  
Name SORENSON, DICK  
Address P.O. BOX 106  
City-State-Zip: SAINT MARIE MT 59231

Title O  
Name JARNUTOWSKI, SHERRIE  
Address 2222 WALKERS GLEN LANE  
City-State-Zip: JACKSONVILLE FL 32246

Title O  
Name GOTTFRIED, MIKE  
Address 2600 CHARLOTTE OAKS  
City-State-Zip: MOBILE AL 36695

*I hereby 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 all other like empowered.*

**SIGNATURE:** WEINER, ROSE E

**MANAGER**

**04/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date