

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90009 018 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002358
 1. Entity Name
ARDIE WEAVER FOUNDATION, INC.

| | |
|---|---|
| Principal Place of Business 46 BURLINGTON AVE. ROCKLEDGE FL 32955 | Mailing Address 46 BURLINGTON AVE. ROCKLEDGE FL 32955 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-3634398 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent
**WEAVER, S.
 46 BURLINGTON AVE.
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT WEAVER, ARDIE S 46 BURLINGTON AVE. ROCKLEDGE FL 32955 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AP BUNCH, JOYCE 825 SANTA ROSA DR. ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A STEPHENS, WILLIAM F 849 PENSION ST. ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BAD FADLEY, TONY REV 2604 CLEARLAKE DR. COCOA FL 32922 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATS JONES, ROSALYN 325 E. UNIVERSITY BLVD., #74 MELBOURNE FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STEPHENS, CARMELIA 46 BURLINGTON AVE. ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ardie S. weaver "D" <input type="checkbox"/> Change <input type="checkbox"/> Addition 46 Burlington Ave Rockledge, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Joyce Bunch "T" <input type="checkbox"/> Change <input type="checkbox"/> Addition 825 Santa Rosa Drive Rockledge, FL 32955 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rev. Tony Fadley "T" <input type="checkbox"/> Change <input type="checkbox"/> Addition 2604 Clearlake Dr Cocoa, FL 32922 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Stephens* (Ardie S. Weaver 3-1-02)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)