

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90038 029 \*\*\*\*70.00



**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

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E037 (10/04)

4. FEI Number

59-3634398

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PT                       | <input type="checkbox"/> Delete |
| NAME           | WEAVER, ARDIE S          |                                 |
| STREET ADDRESS | 46 BURLINGTON AVE.       |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | WEAVER, ARDIE S          |                                 |
| STREET ADDRESS | 46 BURLINGTON AVE        |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | BUNCH, JOYCE             |                                 |
| STREET ADDRESS | 825 FERNDAL AVE.         |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | ANGULO, AMY M            |                                 |
| STREET ADDRESS | 981 BEECH FERN LANE      |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955       |                                 |
| TITLE          | ST                       | <input type="checkbox"/> Delete |
| NAME           | LEWIS, ELVIRA            |                                 |
| STREET ADDRESS | 700 NORTH COURTNEY, #433 |                                 |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32953  |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | JONES, WILBERT           |                                 |
| STREET ADDRESS | 700 NORTH COURTNEY, #433 |                                 |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32953  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | same                    |  |
| STREET ADDRESS | Ardie S. Weaver PT      |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Ardie S. weaver D       |  |
| STREET ADDRESS | same                    |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Joyce Bunch T           |  |
| STREET ADDRESS | same                    |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Amy m. Angulo T         |  |
| STREET ADDRESS | same                    |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Elvira Jones ST         |  |
| STREET ADDRESS | 700 north Courtney #433 |  |
| CITY-ST-ZIP    | Merritt Island FL 32953 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Wilbert Jones T         |  |
| STREET ADDRESS | 700 north Courtney #433 |  |
| CITY-ST-ZIP    | Merritt Island FL 32953 |  |

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: *Ardie S. Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

321-631-0804

Daytime Phone #