

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 036 ****70.00



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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3634398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEAVER, S.
46 BURLINGTON AVE.
ROCKLEDGE FL 32955**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME WEAVER, ARDIE S
STREET ADDRESS 46 BURLINGTON AVE.
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change Addition
NAME *Ardie S. Weaver M.*
STREET ADDRESS *46 Burlington Ave*
CITY-ST-ZIP *Rockledge, FL 32955*

TITLE Delete
NAME WEAVER, ARDIE S
STREET ADDRESS 46 BURLINGTON AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change Addition
NAME *Ardie S. Weaver D.*
STREET ADDRESS *46 Burlington Ave*
CITY-ST-ZIP *Rockledge, FL 32955*

TITLE Delete
NAME BUNCH, JOYCE
STREET ADDRESS 825 FERNDAL AVE.
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change Addition
NAME *Joyce Bunch T.*
STREET ADDRESS *825 Ferndale Ave*
CITY-ST-ZIP *Rockledge, FL 32955*

TITLE Delete
NAME ANGULO, AMY M
STREET ADDRESS 981 BEECH FERN LANE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE Change Addition
NAME *Amy M. Angulo T.*
STREET ADDRESS *981 Beech Fern Lane*
CITY-ST-ZIP *Rockledge, FL 32955*

TITLE Delete
NAME LEWIS, ELVIRA
STREET ADDRESS 700 NORTH COURTNEY, #433
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE Change Addition
NAME *Elvira Lewis ST*
STREET ADDRESS *700 north Courtney #433*
CITY-ST-ZIP *Merritt Island FL 32953*

TITLE Delete
NAME JONES, WILBERT
STREET ADDRESS 700 NORTH COURTNEY, #433
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE Change Addition
NAME *Wilbert Jones T*
STREET ADDRESS *700 north Courtney*
CITY-ST-ZIP *Merritt Island FL 32953*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

Ardie S. Weaver

3-1-06