


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 037 ****70.00

DOCUMENT # N00000002358

1. Entity Name
ARDIE WEAVER FOUNDATION, INC.



Principal Place of Business Mailing Address

**46 BURLINGTON AVE.
 ROCKLEDGE FL 32955** **46 BURLINGTON AVE.
 ROCKLEDGE FL 32955**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3634398 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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 | PT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Weaver, Ardie S. | |
| STREET ADDRESS | 46 Burlington Ave. | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Weaver, Ardie S. | |
| STREET ADDRESS | 46 Burlington Ave | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bunch, Joyce | |
| STREET ADDRESS | 825 Ferndale Ave | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Angulo, Amy M. | |
| STREET ADDRESS | 961 Beech Fern Lane | |
| CITY-ST-ZIP | Rockledge, FL 32955 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lewis, Elvira | |
| STREET ADDRESS | 300 Autumn Circle | |
| CITY-ST-ZIP | COCOA, FL 32922 | |
| TITLE | T/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jones, Wilbert | |
| STREET ADDRESS | 300 Autumn Circle | |
| CITY-ST-ZIP | COCOA, FL 32922 | |

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* 02-11-08 321-631-0804