

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002358

FILED
Jan 27, 2009
Secretary of State

Entity Name: ARDIE WEAVER FOUNDATION, INC.

Current Principal Place of Business:

46 BURLINGTON AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

46 BURLINGTON AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3634398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WEAVER, ARDIE S
Address: 46 BURLINGTON AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WEAVER, ARDIE S
Address: 46 BURLINGTON AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: BUNCH, JOYCE
Address: 825 FERNDAL AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: ANGULO, AMY M
Address: 981 BEECH FERN LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST () Delete
Name: LEWIS, ELVIRA
Address: 300 AUTUMN CIR
City-St-Zip: COCOA, FL 32922

Title: TC () Delete
Name: JONES, WILBERT
Address: 300 AUTUMN CIR
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARDIE S. WEAVER

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date