

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2009  
Secretary of State**

DOCUMENT# N00000002358

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  
Name:  
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