

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002358

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: ARDIE WEAVER FOUNDATION, INC.

**Current Principal Place of Business:**

2246 NE NORTHVIEW ST.  
PALM BAY, FL 32905

**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, ARDIE 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  
Name: WEAVER, ARDIE S  
Address: 46 BURLINGTON AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

Title: ST  
Name: LEWIS, ELVIRA  
Address: 4027 LAKEVIEW CIRCLE  
City-St-Zip: COCOA,, FL 32922

Title: TC  
Name: JONES, WILBERT  
Address: 1130 ODGEN STREET  
City-St-Zip: 4027 LAKEVIEW, CIRCLE, FL 32922

I hereby 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 all other like empowered.

SIGNATURE: ARDIE WEAVER

PT

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date