2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005451

Entity Name: THE WEAVER FOUNDATION, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5904 LEMOS COURT ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

5904 LEMOS COURT ORLANDO, FL 32808

FEI Number: 01-0568323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALEXIS, PATRICIA RUMPH, PATRICIA 5904 LEMOS COURT 5904 LEMOS COURT US ORLADNO, FL 32808 US ORLADNO, FL 32808

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: PATRICIA RUMPH 04/30/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ALEXIS, PATRICIA RUMPH, PATRICIA Name: Name: 5904 LEMOS COURT Address: 5904 LEMOS COURT Address: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RUMPH, TISHA Name: Address: 1301 KOZART STREET Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition RUMPH, DERRICK Name: Name: Address: 1301 KOZART STREET Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: HIGHSMITH, JENNIFER Name: HIGHSMITH, JENNIFER 1301 KOZART STREET Address: Address: 555 ORA DELL DRIVE City-St-Zip: ORLANDO, FL 32811 City-St-Zip: TITUSTIVE, FL 32796 Title: Title: (X) Delete () Change () Addition RUMPH, DERRICK R Name: Name: 1301 KOZART STREET Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: (X) Change () Addition

HIGHSMITH, IRIS M HIGHSMITH, IRIS M Name: Name: Address:

555 ORA DELL AVE Address: 555 ORA DELL DRIVE TITUSVILLE, FL 32796 City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA RUMPH Ρ 04/30/2006