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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06253

1. Corporation Name

**THE DAVID R. AND DOROTHY C. WEAVER FOUNDATION, I
NC.**

Principal Place of Business

2333 PONCE DE LEON BLVD
PENTHOUSE 1100
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD
PENTHOUSE 1100
CORAL GABLES FL 33134



2. Principal Place of Business

21 **13643 DEERING BAY DR**

2a. Mailing Address

26 **13643 DEERING BAY DR**

Suite, Apt. #, etc.

22 **UNIT 165**

Suite, Apt. #, etc.

27 **UNIT 165**

City & State

23 **CORAL GABLES, FL**

City & State

28 **CORAL GABLES, FL**

Zip

24 **33150**

Country

25 **USA**

Zip

29 **33150**

Country

30 **USA**

3. Date Incorporated or Qualified

11/20/1984

4. FEI Number

59-2485933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**WINDHORST, KENT A.
2333 PONCE DE LEON BLVD
PH 1100
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **KENT A. WINDHORST**

82 Street Address (P.O. Box Number is Not Acceptable)

80 SW 8TH STREET

83 **SUITE 2120**

84 City **MIAMI**

FL

85 Zip Code

33130

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.1503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

KENT A. WINDHORST

3/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
WEAVER, DAVID R
STREET ADDRESS **2333 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **STD**
WINDHORST, KENT A
STREET ADDRESS **2333 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME **VPD**
WEAVER, DOROTHY C
STREET ADDRESS **2333 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **13643 DEERING BAY DR, #165**
1.4 CITY-ST-ZIP **CORAL GABLES, FL. 33150**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **80 SW. 8TH STREET, SUITE 2120**
2.4 CITY-ST-ZIP **MIAMI, FL. 33130**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **13643 DEERING BAY DR, #165**
3.4 CITY-ST-ZIP **CORAL GABLES, FL. 33150**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(305) 443-8900

Daytime Phone #

CR2F037 (11/98)