

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N06253

1. Entity Name
**THE DAVID R. AND DOROTHY C. WEAVER
FOUNDATION, INC.**



Principal Place of Business
**13643 DEERING BAY DR #165
CORAL GABLES, FL 33158**

Mailing Address
**13643 DEERING BAY DR #165
CORAL GABLES, FL 33158**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2485933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINDHORST, KENT A.
1450 MADRUGA AVENUE, STE. 400
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WEAVER, DAVID R
13643 DEERING BAY DR 165
CORAL GABLES, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
WINDHORST, KENT A
1450 MADRUGA AVE., #400
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WEAVER, DOROTHY C
13643 DEERING BAY DR 165
CORAL GABLES, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000169881
08/12/04-80001-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 305-666-3319
Date Daytime Phone #