

2002 UNIFORM BUSINESS REPORT (UBR)

1/25

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90028 019 ****61.25

DOCUMENT # N45762

1. Entity Name

WARD WEAVER MINISTRIES, INC.

Principal Place of Business

Mailing Address

13626 GREENFIELD MIDRISE DRIVE
SUITE 208
TAMPA FL 33624-4404
US

13626 GREENFIELD MIDRISE DRIVE
SUITE 208
TAMPA FL 33624-4404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3110701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, WARD A
13626 GREENFIELD MIDRISE DRIVE
SUITE 208
TAMPA FL 33624-4404

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **WEAVER, WARD A**
STREET ADDRESS **13626 GREENFIELD DRIVE, STE. 208**
CITY-ST-ZIP **TAMPA FL 33624-4404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MARTIN, JAMES R**
STREET ADDRESS **7530 RED OAK LANE**
CITY-ST-ZIP **CHARLOTTE NC 28226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ROBBINS, NATALIE J** **DECEASED 7/17/2001**
STREET ADDRESS **2413 EMERALD LAKE DRIVE B2 #108**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **Secretary** ☒ Change ☒ Addition
NAME **Charles P. Samler**
STREET ADDRESS **3306 49TH AVE, East**
CITY-ST-ZIP **BRADENTON, FL 34203-3944**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002

Date

813-908-6157

Daytime Phone #

CR2E037 (9/01)