

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90063 015 ****70.00

DOCUMENT # N45762

1. Entity Name

WARD WEAVER MINISTRIES, INC.



Principal Place of Business

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

Mailing Address

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

94019200



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110701

Applied For

Not Applicable

Zip

Country

Zip

Country

33618-8430

33618-8430

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**

33618-8430

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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD** ☐ Delete
NAME **SEMLER, CHARLES P**
STREET ADDRESS **4306 49TH AVE E**
CITY-ST-ZIP **BRADENTON FL 34203-3944**

TITLE **S** ☐ Delete
NAME **SAMLAR, CHARLES P**
STREET ADDRESS **5306 49TH AVE EAST**
CITY-ST-ZIP **BRADENTON FL 34203-3944**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TAMPA, FL 33618-8430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7530 RED OAK LANE, S.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3306 49th Ave, E.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3306 49th Ave, E.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

WARD A. WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2004 1-813-908-6157
Date Daytime Phone #