

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90042 043 \*\*\*\*70.00

DOCUMENT # N45762

1. Entity Name **WARD WEAVER MINISTRIES, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **13626 GREENFIELD DRIVE** 3. Mailing Address **13626 GREENFIELD DRIVE**

Suite, Apt. #, etc. **Suite 208** Suite, Apt. #, etc. **Suite 208**

City & State **TAMPA, FL** City & State **TAMPA, FL**

Zip **33618-8430** Country **USA** Zip **33618-8430** Country **USA**

4. FEI Number **59-3110701** Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent

Name **WARD A. WEAVER**

Street Address (P.O. Box Number is Not Acceptable) **13626 GREENFIELD DRIVE**

**Suite 208**

City **TAMPA** FL Zip Code **33618-8430**

**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 reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT or DIRECTOR**  
NAME **WEAVER, WARD A.**  
STREET ADDRESS **13626 GREENFIELD DR., Suite 208**  
CITY-ST-ZIP **TAMPA, FL 33618-8430**

TITLE **VICE-PRESIDENT**  
NAME **MARTIN, JAMES R.**  
STREET ADDRESS **7530 RED OAK LANE, S.**  
CITY-ST-ZIP **CHARLOTTE, NC 28226**

TITLE **SECRETARY - TREASURER**  
NAME **SEMLER, CHARLES P.**  
STREET ADDRESS **3306 49TH AVE, E.**  
CITY-ST-ZIP **BRAENTON, FL 34203-3944**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ward A. Weaver**

**1/13/2005 1-813-908-6157**

CR2E037B (12/02)

ATTACHMENT 40002058

#W45702

WARD

LORD WEAVER  
13636 GREEN FIELD DR  
STE 208  
TAMPA FL 33618

Request taken by: shyoun  
01-10-2005

The forms you recently requested from this office are:

(1) 200. COR Non Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

## GOOD NEWS!

Enclosed is the 2005 Annual Report you requested.

If you have Internet access, you now have the option to file the Annual Report online with a credit card. It's quick, fast, and safe. Go to our website at [www.sunbiz.org](http://www.sunbiz.org) and click on the appropriate block in the middle of the page. Follow the instructions from there. It's that easy.