

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45762**

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



Principal Place of Business  
**13626 GREENFIELD MIDRISE DRIVE  
SUITE 208  
TAMPA, FL 33618-8430 US**

Mailing Address  
**13626 GREENFIELD MIDRISE DRIVE  
SUITE 208  
TAMPA, FL 33618-8430 US**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3110701**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEAVER, WARD A  
13626 GREENFIELD MIDRISE DRIVE  
SUITE 208  
TAMPA, FL 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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**POD  
WEAVER, WARD A  
13626 GREENFIELD DRIVE, STE. 208  
TAMPA, FL 336188430**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
SEMLER, CHARLES P  
3306 49TH AVE E  
BRADENTON, FL 342033944**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000629475  
02/19/07-80002-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/7/2007  
Date

813 908 6157  
Daytime Phone #