

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001173

FILED
Jul 07, 2008
Secretary of State

Entity Name: THE WAFER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

295 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

295 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-4238080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEINEMANN, T.J.
% FOX, WACKEEN, DUNGEY, ET.AL.
3473 S.E. WILLOUGHBY BLVD.
STUART, FL 34994 US

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSC () Delete
Name: WAFER, MARIAN L
Address: 295 SW SQUIRE JOHNS LANE
City-St-Zip: PALM CITY, FL 34990

Title: VPSC () Delete
Name: WAFER, GEORGE J
Address: 295 SW SQUIRE JOHNS LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: PACHECO, GEORGE
Address: 547 S.W. SQUIRE JOHNS LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: GREFE, MARJORIE
Address: 10423 WHOOPING CRANE DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: ADESSO, ANGELO
Address: 164 WINDWATCH DRIVE
City-St-Zip: HAUPPAUGE, NY 11788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIAN WAFER

PSC

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date