

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001173

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC8755223985**

**Entity Name:** THE WAFER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

295 SW SQUIRE JOHNS LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

295 SW SQUIRE JOHNS LANE  
PALM CITY, FL 34990

**FEI Number: 20-4238080**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARIAN, WAFER  
295 SW SQUIRE JOHNS LANE  
PALM CITY, FL 34990 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

**Officer/Director Detail :**

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

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

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

Title D  
Name ADDESSO, ANGELO  
Address 164 WINDWATCH DRIVE  
City-State-Zip: HAUPPAUGE NY 11788

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIAN WAFER**

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date