

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005660

FILED
Apr 13, 2005
Secretary of State

Entity Name: THE JOHN A. AND MARY CLARE WARD FAMILY FOUNDATION, INC.

Current Principal Place of Business:

% REX E. MOULE, ESQ.
601 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

% REX E. MOULE, ESQ.
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

Current Mailing Address:

% REX E. MOULE, ESQ.
601 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901

New Mailing Address:

% REX E. MOULE, ESQ.
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

FEI Number: 59-3596631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOULE, REX E
601 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MOULE, REX E
440 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 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:

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAWI, LYNN W
Address: 601 E. STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: VD () Delete
Name: WARD, BETHE C
Address: 601 E. STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: STD () Delete
Name: IRELAND, ROBIN W
Address: 601 E. STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAWI, LYNN W
Address: 440 SOUTH BABCOCK
City-St-Zip: MELBOURNE, FL 32901

Title: VD (X) Change () Addition
Name: WARD, BETHE C
Address: 440 SOUTH BABCOCK
City-St-Zip: MELBOURNE, FL 32901

Title: STD (X) Change () Addition
Name: IRELAND, ROBIN W
Address: 440 SOUTH BABCOCK
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REX E MOULE

RA

04/13/2005

Electronic Signature of Signing Officer or Director

Date