


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # N99000005660	
1. Entity Name THE JOHN A. AND MARY CLARE WARD FAMILY FOUNDATION, INC.	

Principal Place of Business % REX E. MOULE, ESQ. 440 SOUTH BABCOCK STREET MELBOURNE, FL 32901	Mailing Address % REX E. MOULE, ESQ. 440 SOUTH BABCOCK STREET MELBOURNE, FL 32901
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01082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3596631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOULE, REX E 440 SOUTH BABCOCK STREET MELBOURNE, FL 32901
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	PD KAWI, LYNN W 440 SOUTH BABCOCK MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, BETHE C 440 SOUTH BABCOCK MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IRELAND, ROBIN W 440 SOUTH BABCOCK MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000389931  
01/23/06-80005-004 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: LYNN W. KAWI 321-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/11/06 676-5760  
Date Daytime Phone #