

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005660

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O TARIK A. KAWI  
1171 DELAWARE AVENUE  
BUFFALO, NY 14209

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TARIK A. KAWI  
1171 DELAWARE AVENUE  
BUFFALO, NY 14209

**New Mailing Address:**

**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 ESQ.  
2287 W. EAU GALLIE BLVD  
MELBOURNE, FL 32935 US

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

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: PD  
Name: KAWI, LYNN W  
Address: 1171 DELAWARE AVENUE  
City-St-Zip: BUFFALO, NY 14209

Title: VD  
Name: WARD, BETHE C  
Address: 1171 DELAWARE AVENUE  
City-St-Zip: BUFFALO, NY 14209

Title: STD  
Name: KAWI, TARIK A  
Address: 1171 DELAWARE AVENUE  
City-St-Zip: BUFFALO, NY 14209

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: LYNN W. KAWI

PD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date