

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2007  
Secretary of State**

DOCUMENT# N05000001450

Entity Name: THE LINDA H. HAMSTEAD FOUNDATION, INC.

**Current Principal Place of Business:**

1717 N BAYSHORE DR PH B47  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1717 N BAYSHORE DR PH B47  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 20-2342239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAMSTEAD, LINDA H  
1717 N BAYSHORE DR PH B47  
MIAMI, FL 33132      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: D      ( ) Delete  
Name: HAMSTEAD, LINDA H  
Address: 1717 N BAYSHORE DR PH B47  
City-St-Zip: MIAMI, FL 33132

Title: D      ( ) Delete  
Name: SHUMAN, STEPHEN  
Address: 608 SCHUBERT PL  
City-St-Zip: MORGANTOWN, WV 26505

Title: D      ( ) Delete  
Name: SHUMAN, ROBERT L  
Address: 256 HIGH STREET PO BOX 842  
City-St-Zip: MORGANTOWN, WV 26507

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA H. HAMSTEAD

D

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date