

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000403

1. Entity Name
HAZELBAKER FOUNDATION, INC.



Principal Place of Business
1661 OLD HENDERSON ROAD
COLUMBUS, OH 43220

Mailing Address
1661 OLD HENDERSON ROAD
COLUMBUS, OH 43220



04182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1131197	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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and (file if applicable)

(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	P
NAME	HAZELBAKER, RALPH E
STREET ADDRESS	1661 OLD HENDERSON ROAD
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	VS
NAME	HAZELBAKER, BILLIE E
STREET ADDRESS	1661 OLD HENDERSON ROAD
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	T
NAME	HAZELBAKER, R. BRIAN
STREET ADDRESS	32325 SOUTH COAST HIGHWAY, SUITE 204
CITY-ST-ZIP	LAGUNA BEACH, CA 92651
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000544967
05/11/06-80058-005 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #