2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED Apr 11, 2008 08:00 A Secretary of State



03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	Applied	For
31-1131197	Not App	licab
5. Certificate of Status Desired	\$8.75 Additional	ıl

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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE

1 2 3 7 7 7	1011,112 33324		N	THIS SPACE
8. The above the obliga	named entity submits this statement for the pations of registered agent.	ourpose of changing its registe	red office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Register	ed Agent signature required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND DIREC	CTORS	The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZELBAKER, RALPH E 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220			
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	VS HAZELBAKER, BILLIE E 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220			### U99000892628.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZELBAKER, R. BRIAN 32325 SOUTH COAST HIGHWAY, SU LAGUNA BEACH, CA 92651	ITE 204	Þe	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated	ertify that the information supplied with this fill on this report or supplemental report is true at	ing does not qualify for the ex nd accurate and that my signa	emptions contained in Chapter 11sture shall have the same legal effective	9. Florida Statutes. I further certify that the information at as if made under path; that I am an officer or director

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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #