

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007893

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE HESTER MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

134 NW 16TH ST. SUITE #9
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

134 NW 16TH ST. SUITE #9
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 93-2165865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, TIMOTHY B
11396 SHILOH WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

HESTER, TIMOTHY B
7055 PENINSULA COURT
LAKE WORTH, FL 33467 US

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: _____

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HESTER, TIMOTHY B
Address: 11396 SHILOH WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VD () Delete
Name: BENNETT, JOHN
Address: 4125 ALPINIA COURT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD () Delete
Name: TOM, JORDAN
Address: 888 EAST LAS OLAS BLVD. SUITE # 700
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD () Delete
Name: CHILDS, GRACE
Address: 1091 BIMINI LANE
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HESTER, TIMOTHY B
Address: 7055 PENINSULA COURT
City-St-Zip: LAKE WORTH, FL 33467

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 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: TIMOTHY HESTER

PD

01/24/2008

Electronic Signature of Signing Officer or Director

Date