

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007893

FILED  
Mar 20, 2009  
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  
7055 PENINSULA COURT  
LAKE WORTH, FL 33467 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 ( ) Delete  
Name: HESTER, TIMOTHY B  
Address: 7055 PENINSULA COURT  
City-St-Zip: LAKE WORTH, FL 33467

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 B. HESTER

PD

03/20/2009

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

\_\_\_\_\_  
Date