2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000004448

Entity Name: PAUL E. HOSTETLER FOUNDATION, INC.

Current Principal Place of Business:

105 TRIPLE DIAMOND BLVD., SUITE 101
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

PO BOX 1967
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 55-0864541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, E. JOHN III
200 S ORANGE AVE
SARASOTA, FL 34236 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:	CPD	( ) Delete
Name:	HOSTETLER, PAUL E	
Address:	105 TRIPLE DIAMOND BLVD., SUITE 101	
City-St-Zip:	NORTH VENICE, FL 34275	
Title:	VSD	( ) Delete
Name:	BANKS, JERRY	
Address:	105 TRIPLE DIAMOND BLVD., SUITE 101	
City-St-Zip:	NORTH VENICE, FL 34275	
Title:	TD	( ) Delete
Name:	HOSTETLER, CAROLYN L	
Address:	105 TRIPLE DIAMOND BLVD, #101	
City-St-Zip:	NORTH VENICE, FL 34275	
Title:	VSD	( ) Delete
Name:	BANKS, JERRY	
Address:	105 TRIPLE DIAMOND BLVD., SUITE 101	
City-St-Zip:	NORTH VENICE, FL 34275	
Title:	D	( ) Delete
Name:	YODER, JONAS	
Address:	5514 BAHIA VISTA ST.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	WAGNER, E. JOHN II	
Address:	200 S. ORANGE AVE.	
City-St-Zip:	SARASOTA, FL 34236	

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:	
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: CAROLYN HOSTETLER TD 04/29/2009

Electronic Signature of Signing Officer or Director — Date