

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000007538**

1. Entity Name  
**THE WILLIAM H. AND LEONORA K. HEGAMYER FAMILY  
FOUNDATION, INC.**



Principal Place of Business  
**511 NORTH MASHTA DRIVE  
KEY BISCAINE, FL 33149**

Mailing Address  
**511 NORTH MASHTA DRIVE  
KEY BISCAINE, FL 33149**



07142006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1593749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NOSTRO, LOUIS  
201 SOUTH BISCAINE BOULEVARD  
SUITE 1600  
MIAMI, FL 33131**

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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 title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEGAMYER, WILLIAM H
STREET ADDRESS	511 NORTH MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	D
NAME	HEGAMYER HINCKLEY, JACQUELINE
STREET ADDRESS	511 NORTH MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	D
NAME	HEGAMYER, KATHARINE
STREET ADDRESS	511 NORTH MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAINE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000571357  
07/20/06-80004-008 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 #