

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007538

FILED  
Apr 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O LOUIS NOSTRO, ESQ.  
201 SOUTH BISCAYNE BLVD, #1600  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOUIS NOSTRO, ESQ.  
201 SOUTH BISCAYNE BLVD, #1600  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-1593749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOSTRO, LOUIS  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1600  
MIAMI, FL 33131 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: D  
Name: HEGAMYER, WILLIAM H  
Address: 511 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAINE, FL 33149

Title: D  
Name: HEGAMYER HINCKLEY, JACQUELINE  
Address: 511 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAINE, FL 33149

Title: D  
Name: HEGAMYER, KATHARINE  
Address: 511 NORTH MASHTA DRIVE  
City-St-Zip: KEY BISCAINE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HEGAMYER

D

04/01/2010

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

\_\_\_\_\_  
Date