


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006899</b> 1. Entity Name <b>THE OLIVER C. AND JULIA L. HAMISTER FAMILY FOUNDATION INC.</b>	
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Principal Place of Business <b>5016 64TH DRIVE WEST BRADENTON, FL 34210-4053</b>	Mailing Address <b>5016 64TH DRIVE WEST BRADENTON, FL 34210-4053</b>
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**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0800152</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HAMISTER, OLIVER C 5016 64TH DRIVE WEST BRADENTON, FL 34210-4140</b>
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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.

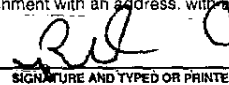
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>05/06/05-80043-021 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMISTER, OLIVER C. 5016 64TH DRIVE WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP HAMISTER, JULIA L. 5016 64TH DRIVE WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMISTER, RICHARD C. 57 NORTH LANE ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMISTER, JAMES W. 11 BRIAR HILL ROAD ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONEBRAKE, LISA H. 13010 WATERFORD RUN DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 or without other like empowered

<b>SIGNATURE:</b> 	<b>Richard C. Hamister</b>	<b>5/2/05</b>	<b>716-822-6903</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #