2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# N97000006899

Entity Name: THE OLIVER C. AND JULIA L. HAMISTER FAMILY FOUNDATION INC.

Current Principal Place of Business:

5016 64TH DRIVE WEST
BRADENTON, FL 342104053

New Principal Place of Business:

Current Mailing Address:

5016 64TH DRIVE WEST
BRADENTON, FL 342104053

New Mailing Address:

FEI Number: 65-0800152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMISTER, OLIVER C
5016 64TH DRIVE WEST
BRADENTON, FL 342104140 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:	PTD	( ) Delete
Name:	HAMISTER, OLIVER C.	
Address:	5016 64TH DRIVE WEST	
City-St-Zip:	BRADENTON, FL 34210	
Title:	VSP	( ) Delete
Name:	HAMISTER, JULIA L.	
Address:	5016 64TH DRIVE WEST	
City-St-Zip:	BRADENTON, FL 34210	
Title:	VD	( ) Delete
Name:	HAMISTER, RICHARD C.	
Address:	19 LAKESIDE DR	
City-St-Zip:	ORCHARD PARK, NY 14127	
Title:	VD	( ) Delete
Name:	HAMISTER, JAMES W.	
Address:	11 BRIAR HILL ROAD	
City-St-Zip:	ORCHARD PARK, NY 14127	
Title:	VD	( ) Delete
Name:	BONEBRAKE, LISA H.	
Address:	13010 WATERFORD RUN DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	HAMISTER, RICHARD C.	
Address:	19 LAKERIDGE DRIVE	
City-St-Zip:	ORCHARD PARK, NY 14127	
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 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: RICHARD C. HAMISTER VD 02/16/2007

Electronic Signature of Signing Officer or Director — Date