

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006899

FILED  
May 09, 2010  
Secretary of State

**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:**

585 SANCTUARY DRIVE  
B-201  
LONGBOAT KEY, FL 342283856

**Current Mailing Address:**

5016 64TH DRIVE WEST  
BRADENTON, FL 342104053

**New Mailing Address:**

585 SANCTUARY DRIVE  
B-201  
LONGBOAT KEY, FL 342283856

**FEI Number:** 65-0800152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HAMISTER, RICHARD C  
5016 64TH DRIVE WEST  
BRADENTON, FL 342104140 US

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

HAMISTER, RICHARD C  
585 SANCTUARY DRIVE  
B-201  
LONGBOAT KEY, FL 342283856 US

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

05/09/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: HAMISTER, RICHARD C  
Address: 19 LAKERIDGE DRIVE  
City-St-Zip: ORCHARD PARK, NY 14127

Title: VSP  
Name: HAMISTER, JULIA L.  
Address: 585 SANCTUARY DRIVE #B-201  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP  
Name: HAMISTER, JAMES W.  
Address: 5132 STABELTON DRIVE  
City-St-Zip: MASON, OH 45040

Title: VP  
Name: BONEBRAKE, LISA H.  
Address: 13010 WATERFORD RUN DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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: RICHARD C HAMISTER

PTD

05/09/2010

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

\_\_\_\_\_  
Date