

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710595 (0)

1. Corporation Name

THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, INC.



Principal Place of Business

**225 WATER ST. STE 2175
JACKSONVILLE FL 32202
US**

Mailing Address

**PO BOX 299
JACKSONVILLE FL 32201
US**

3. Date Incorporated or Qualified
03/24/1966

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6140495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, JUNE REINHOLD
225 WATER ST., #2175
JACKSONVILLE FL 32202**

81 Name

Leah B. Giebeig

82 Street Address (P.O. Box Number is Not Acceptable)

225 water street

83

Suite 2175

84 City

Jacksonville, FL

FL

85 Zip Code

32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Leah B. Giebeig

Leah B. Giebeig

3-20-96

Signature typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent Signature required after filing date)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D CAMP, THOMAS E III
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME
CD MYERS, JUNE REINHOLD
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME
ASD MARTIN, RALPH H.
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
ST GIEBEIG, LEAH B.
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D MYERS, PAUL
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D TOWE, NEELY
STREET ADDRESS
225 WATER ST #2175
CITY-STATE-ZIP
JACKSONVILLE FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leah B. Giebeig

Leah B. Giebeig

3-20-96

904-354-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E037 (12/95)