


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 710595 1. Entity Name THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, INC.	
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Principal Place of Business 1845 TOWN CENTER BLVD SUITE 105 ORANGE PARK, FL 32003 US	Mailing Address 1845 TOWN CENTER BLVD SUITE 105 ORANGE PARK, FL 32003 US
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6140495	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

BURNETTE, LEAH 1845 TOWN CENTER BLVD SUITE 105 ORANGE PARK, FL 32003

**DO NOT WRITE
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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MYERS, JUNE REINHOLD 1845 TOWN CENTER BLVD, STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNETT, LEAH 1845 TOWN CENTER BLVD, STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWE, NEELY 1845 TOWN CENTER BLVD, STE 105 ORANGE PARK, FL 32003
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01/21/04-80021-034 70.00

**DO NOT WRITE
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)(i), 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 all other like empowered.

SIGNATURE: Leah Burnette 1-20 04 904-269-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #