

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710595

FILED
Feb 20, 2006
Secretary of State

Entity Name: THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, INC.

Current Principal Place of Business:

1845 TOWN CENTER BLVD
SUITE 105
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1845 TOWN CENTER BLVD
SUITE 105
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-6140495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNETTE, LEAH
1845 TOWN CENTER BLVD
SUITE 105
ORANGE PARK, FL 32003 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: CD () Delete
Name: MYERS, JUNE REINHOLD,
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

Title: ST () Delete
Name: BURNETT, LEAH
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: TOWE, NEELY
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MYERS, JUNE R
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

Title: ST (X) Change () Addition
Name: BURNETTE, LEAH
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

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: LEAH BURNETTE

ST

02/20/2006

Electronic Signature of Signing Officer or Director

Date