

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90043 036 ****61.25

DOCUMENT # F05000000235

1. Entity Name
THE KONRAD FOUNDATION, INC.



Principal Place of Business
**2801 S. DRIFTWOOD COURT
AVON PARK, FL 33825**

Mailing Address
**2801 S. DRIFTWOOD COURT
AVON PARK, FL 33825**

40093719



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
32-0071883

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KONRAD, MARK
2801 S. DRIFTWOOD COURT
AVON PARK, FL 33825**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SZAFRANSKI, MICHAEL
STREET ADDRESS 3400 PINETREE ROAD, SUITE 104
CITY - ST - ZIP LANSING, MI 48911

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☐ Delete
NAME KONRAD, DONNA
STREET ADDRESS 2801 S DRIFTWOOD COURT
CITY - ST - ZIP AVON PARK, FL 33825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE C ☐ Delete
NAME KONRAD, MARK
STREET ADDRESS 2801 S DRIFTWOOD COURT
CITY - ST - ZIP AVON PARK, FL 33825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☒ Delete
NAME TALLIS, DONNA
STREET ADDRESS 4710 W SAGINAW HIGHWAY, SUITE D
CITY - ST - ZIP LANSING, MI 48917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME NEUMANN, MARTIN H
STREET ADDRESS 1995 N CEDAR, SUITE 4
CITY - ST - ZIP HOLT, MI 48842

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☐ Delete
NAME Tallis, Mark
STREET ADDRESS 4710 W. Saginaw Hwy, Ste D
CITY - ST - ZIP Lansing MI 48917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mark S Tallis Mark Tallis 5-1-06 517 888-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #