

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002897

1. Entity Name

HARDER FOUNDATION, INC.



Principal Place of Business

5051 CASTELLO DRIVE
SUITE 11
NAPLES FL 34103
US

Mailing Address

5051 CASTELLO DRIVE
SUITE 11
NAPLES FL 34103
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

38-6048242

Applied For
Not Applicable

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

LANGBAUER, ROBERT
5051 CASTELLO DRIVE
SUITE 11
NAPLES FL 34103

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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 D
NAME LANGBAUER, WILLIAM
STREET ADDRESS 5704 DRAKE ST
CITY- ST- ZIP MIDLAND MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Add
000000427903
02/21/06-80025-015 61.25

TITLE PCD
NAME LANGBAUER, DEL
STREET ADDRESS 401 BROADWAY
CITY- ST- ZIP TACOMA WA ☐ Delete

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

TITLE DT
NAME LANGBAUER, ROBERT
STREET ADDRESS 5240 TEAK WOOD DR
CITY- ST- ZIP NAPLES FL 34119 ☐ Delete

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

TITLE DS
NAME HERBST, JAY
STREET ADDRESS 4377 CHARING WAY
CITY- ST- ZIP BLOOMFIELD HILLS MI 48304 ☐ Delete

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

TITLE D
NAME DRIGGERS, JOHN
STREET ADDRESS 89 N BALDWIN RD
CITY- ST- ZIP CLARKSTON MI 48348 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ROBERT LANGBAUER

1/23/2006 213-649-0565