

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002897

FILED
Jan 08, 2009
Secretary of State

Entity Name: HARDER FOUNDATION, INC.

Current Principal Place of Business:

5051 CASTELLO DRIVE
SUITE 11
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO DRIVE
SUITE 11
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 38-6048242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGBAUER, ROBERT
5051 CASTELLO DRIVE
SUITE 11
NAPLES, FL 34103 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: D () Delete
Name: LANGBAUER, WILLIAM
Address: 5704 DRAKE ST
City-St-Zip: MIDLAND, MI

Title: PCD () Delete
Name: LANGBAUER, DEL
Address: 401 BROADWAY
City-St-Zip: TACOMA, WA

Title: DT () Delete
Name: LANGBAUER, ROBERT
Address: 5240 TEAK WOOD DR
City-St-Zip: NAPLES, FL 34119

Title: DS () Delete
Name: HERBST, JAY
Address: 4377 CHARING WAY
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: D () Delete
Name: DRIGGERS, JOHN
Address: 89 N BALDWIN RD
City-St-Zip: CLARKSTON, MI 48348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L. LANGBAUER

DT

01/08/2009

Electronic Signature of Signing Officer or Director

Date