

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000006271**

1. Entity Name  
**THE REINHARD FOUNDATION, INC.**



Principal Place of Business  
**3907 W. MILLERS BRIDGE ROAD  
TALLAHASSEE, FL 32312**

Mailing Address  
**3907 W. MILLERS BRIDGE ROAD  
TALLAHASSEE, FL 32312**



05012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0505609**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REINHARD, DON  
3907 W. MILLERS BRIDGE ROAD  
TALLAHASSEE, FL 32312**

**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 \_\_\_\_\_

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000359232  
05/04/05-80148-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REINHARD, DON W
STREET ADDRESS	3907 W. MILLERS BRIDGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	REINHARD, SARAH W
STREET ADDRESS	3907 W. MILLERS BRIDGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	THIELEN, JAMES F
STREET ADDRESS	215 S. MONROE STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	REINHARD, HERB F III
STREET ADDRESS	3109 NORTHFIELD ROAD
CITY-ST-ZIP	VALDOSTA, GA 31602
TITLE	D
NAME	KRAFT, CHRISTOPHER L
STREET ADDRESS	3130 MULBERRY PARK BOULEVARD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	HALLNSTEIN, JANE
STREET ADDRESS	3305 ROBINHOOD RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

Date

4045507570

Daytime Phone #