2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006271

Entity Name: THE REINHARD FOUNDATION, INC.

FILED Jan 12, 2006 Secretary of State

3907 W. MILLERS BRIDGE ROAD PO BOX 1794

TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32302

Current Mailing Address: New Mailing Address:

3907 W. MILLERS BRIDGE ROAD PO BOX 1794

TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32302

FEI Number: 51-0505609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINHARD, DON REINHARD, DON 3907 W. MILLERS BRIDGE ROAD PO BOX 1794

TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32302 US

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: DON REINHARD 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: REINHARD, DON W Name: REINHARD, DON W

Address: 3907 W. MILLERS BRIDGE ROAD Address: PO BOX 1794
City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete Title: D (X) Change () Addition Name: REINHARD, SARAH W Name: REINHARD, SARAH W

Name: REINHARD, SARAH W Name: REINHARD, SARAH W Address: 3907 W. MILLERS BRIDGE ROAD Address: PO BOX 1794

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete Title: () Change () Addition

 Name:
 THIELEN, JAMES F
 Name:

 Address:
 215 S. MONROE STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 REINHARD, HERB F III
 Name:

 Address:
 3109 NORTHFIELD ROAD
 Address:

 City-St-Zip:
 VALDOSTA, GA 31602
 City-St-Zip:

 Name:
 KRAFT, CHRISTOPHER L
 Name:

 Address:
 3130 MULBERY PARK BOULEVARD
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

Name: HALLENSTEIN, JANE Name:
Address: 3305 ROBINHOOD RD. Address:
City-St-Zip: TALLAHASSEE, FL 32312 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: DON REINHARD D 01/12/2006