

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710595

**Entity Name:** THE PAUL E. AND KLARE N. REINHOLD FOUNDATION, INC.

**Current Principal Place of Business:**

1845 TOWN CENTER BLVD  
SUITE 105  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1845 TOWN CENTER BLVD  
SUITE 105  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 59-6140495

**Certificate of Status Desired:** No

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

BURNETTE, LEAH  
1845 TOWN CENTER BLVD  
SUITE 105  
FLEMING ISLAND, FL 32003 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name EGAN, GEORGE M  
Address 1845 TOWN CENTER BLVD, STE 105  
City-State-Zip: FLEMING ISLAND FL 32003

Title ST  
Name BURNETTE, LEAH  
Address 1845 TOWN CENTER BLVD, STE 105  
City-State-Zip: FLEMING ISLAND FL 32003

Title C  
Name BRYAN, IV, J. F.  
Address 1845 TOWN CENTER BLVD, STE 105  
City-State-Zip: FLEMING ISLAND FL 32003

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEAH BURNETTE

**TREASURER**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date