

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 27, 2005  
Secretary of State**

DOCUMENT# N00000008147

Entity Name: GEBHARDT FOUNDATION, INC.

**Current Principal Place of Business:**

5601 TURTLE BAY DRIVE  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BLVD.  
STE 600  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 65-1059870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MARSHALL & ILSLEY TRUST COM NA  
800 LAUREL OAK DR  
STE 101  
NAPLES, FL 34108 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: PD      ( ) Delete  
Name: GEBHARDT, ARTHUR A  
Address: 5601 TURTLE BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: VD      ( ) Delete  
Name: GEBHARDT, PATRICIA A  
Address: 5601 TURTLE BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: SD      ( ) Delete  
Name: NYGAARD, ELLEN C  
Address: 1827 ROYAL OAK DRIVE  
City-St-Zip: LYNCHBURG, VA 24503

Title: TD      ( ) Delete  
Name: HAMMILL, SARAH  
Address: 425 W. APPLETREE COURT 99N  
City-St-Zip: MEQUON, WI 530926201

**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 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 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: ROGER W. MJOEN

VP

07/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date