


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90009 034 \*\*\*\*61.25

**DOCUMENT # N00000008147**

1. Entity Name  
**GEBHARDT FOUNDATION, INC.**



Principal Place of Business  
**ATTN: ARTHUR A. GEBHARDT**  
**5601 TURTLE BAY DR.**  
**NAPLES, FL 34108**

Mailing Address  
**ATTN: ARTHUR A. GEBHARDT**  
**5601 TURTLE BAY DR.**  
**NAPLES, FL 34108**

**20049617**



2. Principal Place of Business

3. Mailing Address  
**Art Gebhardt c/o M+I**

Suite, Apt. #, etc.  
**800 Laurel Oak Dr, Ste 101**

Suite, Apt. #, etc.

City & State  
**Naples, FL**

City & State

Zip  
**34108**

Country  
**Collier**

Zip Country

07152006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1059870**

Applied For  
 Not Applicable

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

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

**MARSHALL & ILSLEY TRUST COM NA**  
**800 LAUREL OAK DR**  
**STE 101**  
**NAPLES, FL 34108**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEBHARDT, ARTHUR A 5601 TURTLE BAY DRIVE NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEBHARDT, PATRICIA A 5601 TURTLE BAY DRIVE NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NYGAARD, ELLEN C 1827 ROYAL OAK DRIVE LYNCHBURG, VA 24503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMILL, SARAH 425 W. APPLETREE COURT 99N MEQUON, WI 530926201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 names empowered.

SIGNATURE: Ray W. Thion, V.P. **7/15/06** **(239)592-2461**  
Signature, typed or printed name of filing officer or director Date Telephone #

**M+I Trust Company**