

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008147

FILED
Jul 20, 2008
Secretary of State

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:

ART GEBHARDT C/O M& I
800 LAUREL OAK DR. STE 101
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-1059870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

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

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 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: ROGER W. MJOEN

SVP

07/20/2008

Electronic Signature of Signing Officer or Director

_____ Date