

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

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007512**

1. Entity Name  
**EHLERS FAMILY FOUNDATION, INC.**



Principal Place of Business  
**423 ST. ANDREWS DRIVE  
BELLEAIR, FL 33756**

Mailing Address  
**423 ST. ANDREWS DRIVE  
BELLEAIR, FL 33756**



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3683666**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**EHLERS, HERBERT E  
423 ST. ANDREWS DRIVE  
BELLEAIR, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**U000000209152  
02/02/05-80027-007 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D NAM, ASHLEY S S,D 423 ST. ANDREWS DRIVE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D EHLERS, HERBERT E P,D 423 ST. ANDREWS DRIVE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D EHLERS, MARY A V,D 423 ST. ANDREWS DRIVE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D EHLERS, SCOTT D T,D 423 ST. ANDREWS DRIVE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #