

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

FILED
Jan 12, 2006 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



01052006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number

59-3683666

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/17/06-80006-017 61.25

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

Herbert E Ehlers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06
Date

Daytime Phone #