

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90001 008 ****61.25

DOCUMENT # N00000008147

1. Entity Name
GEBHARDT FOUNDATION, INC.



Principal Place of Business
**5601 TURTLE BAY DRIVE
NAPLES, FL 34108**

Mailing Address
**5811 PELICAN BAY BLVD.
STE 600
NAPLES, FL 34108**

44050593



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1059870

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108**

Name **Marshall & Ilsley Trust Company NA**
Street Address (P.O. Box Number is Not Acceptable)
800 Laurel Oak Drive
Suite 101
City **Naples** FL Zip Code **34108**

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 *Roger W. Mjoen*
Signature, typed or printed name of registered agent and title if applicable.

/ **Roger W. Mjoen, V.P.**

7-22-04
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GEBHARDT, ARTHUR A
5601 TURTLE BAY DRIVE
NAPLES, FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GEBHARDT, PATRICIA A
5601 TURTLE BAY DRIVE
NAPLES, FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NYGAARD, ELLEN C
1827 ROYAL OAK DRIVE
LYNCHBURG, VA 24503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HAMMILL, SARAH
425 W. APPLETREE COURT 99N
MEQUON, WI 530926201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Arthur A. Gebhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #