

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.

Suite, Apt. #, etc.

800 Laurel Oak Dr, Ste 101

City & State

City & State

Naples, FL

Zip

Country

34108

Country

Collier

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Roger W. Thion, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/06 (239)592-2461

M+I Trust Company