1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 703328

1. Corporation Name

THE KUGELMAN FOUNDATION, INC.

Principal Place of Business 4400 BAYOU BLVD. STE 12 POST OFFICE BOX 30130 PENSACOLA FL 32503

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

4400 BAYOU BLVD. STE 12 POST OFFICE BOX 30130 PENSACOLA FL 32503

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90220 032 ****61.25



3. Date Incorporated or Qualifed

12/15/1961

Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI NUIROEF	App	illed FOI	
27			·			59-6174897	Not	Applicable	
City & State	State City & State					5. Certifcate of Status Desired		\$8.75 A	
23 Tin	Country	Zip	Co	untry		& Election Compaign Financing		\$5.00	day Do
Žip ─_	— — — — — — — — — — — — — — — — — — —			South y		6. Election Campaign Financing Trust Fund Contribution		Added to	
24	9. Name and Address of Current	29 Pagistared Agen		Т		10. Name and Address of New R	ealstered		.,
	5. Name and Address of Current	vedistated viter	<u> </u>	81	Name			<u> </u>	
KUGELMAN, D. JACK				82	Street Ad-	dress (P.O. Box Number is Not Accepta	ble)		
4400 BAYOU BLVD, STE 12.				83					
CORDOVA SQUARE									
PENSACOLA FL 32503					City		FL	85 Zip C	ode
			· · · · · · · · · · · · · · · · · · ·	لــــاِــ				- I	naistarad
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such cha	ange was authorize	d by i	the corbora	rporation submits this statement for the tion's board of directors. I hereby accep	t the appo	intment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent	signature requi	ired when reinstating)	DATE		
12.	OFFICERS ANI		13.		·	ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTOR	
TITLE	VD	☐ DELETE		IILE 3	,			Change	Addition
NAME	MCSWEENEY, NANCY K.		1.21	IAME		•			
STREET ADDRESS	4005 STEPHENS MILL RUN, A	IE.	1.3 9	TREET	ADDRESS	•			
CITY-ST-ZIP	ATLANTA GA 30342		140	CITY-ST	-7IP				
TITLE	VD	DELETE		2.1 TITLE				Change	Addition
	LIVINGSTON, JANET K.	_		IAME					
NAME					ADDRESS .	2 PORT ROYAL WAY			
STREET ADDRESS						PENSACOLA FL 325	n t		
CITY-ST-ZIP	PENSACOLA FL			city-s: Title	I-ZIP	MENSACOLA FL GAS	<u></u>	Change	Addition
TITLE	VD							K	
NAME	PERCEVAL, MARSHA K.		1	IAME		3108 BRITTANY TRA	ce		
STREET ADDRESS	1		1						
CITY-ST-ZIP	PENSACOLA FL			CITY-S	T-ZIP /	DENSACOLA, FL 325	04	☑ Change	Addition
TITLE	PDL		DELETE 4.11	TTLE				∑l cusu∂e	Andrigon
NAME	KUGELMAN, D JACK		4.2	NAME					
STREET ADDRESS	661 TANGLEWOOD DRIVE		4.3 5	TREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			CITY-ST	-ZIP	32503			+4
TITLE	TD		DELETE 5.1	TTLE				Change	Addition
NAME	KUGELMAN, JANE S			AME					
STREET ADDRESS	661 TANGLEWOOD DRIVE		5.3 5	TREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		5.4 (CITY-S1	r-ZIP	32503			
TITLE	SD		DELETE 6.1	TITLE				Change	Addition A
NAME	MCMAHON, JACKLYN K		6.21	VAME					
STREET ADDRESS	3281 SEVILLE DRIVE		6.3 5	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		6.4 (CITY-\$1	r-ZIP	J2503			
14 I hereby	entify that the information cumplied wit	h this filing does no				Section 119.07(3)(i), Florida Statutes.	further ce	rtify that the in	formation

indicated on this annual report or supplied with this hing does not qualify for the exemption saled in Section 19.07(5/0), Frontal statutes. Indirect certify 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIREDD Jack Kuge I man SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR