


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90003 039 ****61.25

DOCUMENT # 703328	
1. Entity Name THE KUGELMAN FOUNDATION, INC.	

Principal Place of Business 4400 BAYOU BLVD, STE 12 POST OFFICE BOX 12547 PENSACOLA, FL 32591	Mailing Address 375 N 9TH AVE 4400 BAYOU BLVD, STE 12 POST OFFICE BOX 12547 PENSACOLA, FL 32591
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01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6174897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KUGELMAN, D. JACK 375 N 9TH AVE PENSACOLA, FL 32501
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCSWEENEY, NANCY K. 4005 STEPHANS MILL RUN N.E ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIVINGSTON, JANET K. 661 TANGLEWOOD DR PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERCEVAL, MARSHA K. 13 HILDBROOK WAY 1900 EAST JACKSON ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDL KUGELMAN, D JACK 1424 E LAKEVIEW PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUGELMAN, JANE S 1424 E LAKEVIEW PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAHON, JACKLYN K 3281 SEVILLE DRIVE PENSACOLA, FL 32503

**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:

D. Jack Kugelman PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 850 432-0440
Date Daytime Phone #

D. JACK KUGELMAN