2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 703328

1. Entity Name
THE KUGELMAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
375 N 9TH AVE PENSACOLA, FL 32501	375 N 9TH AVE PENSACOLA, FL 32501

01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6174897 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KUGELMAN, D. JACK
375 N 9TH AVE
PENSACOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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01/21/05-80035-012 61.25

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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 — 1/14/05 — 850 432 0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #