

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703328

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE KUGELMAN FOUNDATION, INC.

Current Principal Place of Business:

375 N 9TH AVE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

375 N 9TH AVE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-6174897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GERALD L
30 SOUTH SPRING STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MCSWEENEY, NANCY K.,
Address: 4005 STEPHANS MILL RUN N.E
City-St-Zip: ATLANTA, GA 30342

Title: VD () Delete
Name: LIVINGSTON, JANET K.,
Address: 661 TANGLEWOOD DR
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: KUGELMAN, MARSHA K
Address: 375 NORTH 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: FOSTER, DAVID
Address: 2400 TRONJO CIRCLE
City-St-Zip: PENSACOLA, FL 32503

Title: PD () Delete
Name: KUGELMAN, JANE S,
Address: 1424 E LAKEVIEW
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: MCMAHON, JACKLYN K,
Address: 3281 SEVILLE DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FOSTER

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date