

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703328

Entity Name: THE KUGELMAN FOUNDATION, INC.**Current Principal Place of Business:**375 N 9TH AVE
PENSACOLA, FL 32501**Current Mailing Address:**375 N 9TH AVE
PENSACOLA, FL 32501**FEI Number:** 59-6174897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, GERALD L
30 SOUTH SPRING STREET
PENSACOLA, FL 32502 US*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**Officer/Director Detail :**

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

Title	VD
Name	LIVINGSTON, JANET K.
Address	661 TANGLEWOOD DR
City-State-Zip:	PENSACOLA FL 32501

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

Title	TD
Name	FOSTER, DAVID
Address	2400 TRONJO CIRCLE
City-State-Zip:	PENSACOLA FL 32503

Title	PD
Name	KUGELMAN, JANE S
Address	1424 E LAKEVIEW
City-State-Zip:	PENSACOLA FL 32503

Title	SD
Name	MCMAHON, JACKLYN K
Address	3281 SEVILLE DRIVE
City-State-Zip:	PENSACOLA FL 32503

I hereby 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 all other like empowered.

SIGNATURE: DAVID FOSTER**TREASURER****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date