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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703328 (5)

1. Corporation Name  
**THE KUGELMAN FOUNDATION, INC.**

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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1961** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-6174897** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KUGELMAN, D. JACK  
4400 BAYOU BLVD, STE 12.  
CORDOVA SQUARE  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **MCSWEENEY, NANCY K.**  
STREET ADDRESS **3071-48 LENOX RD NE**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **VD**  
NAME **LIVINGSTON, JANET K.**  
STREET ADDRESS **4125 MONTALVO DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD**  
NAME **PERCEVAL, MARSHA K.**  
STREET ADDRESS **301 WOODBINE DR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PDL**  
NAME **KUGELMAN, D JACK**  
STREET ADDRESS **661 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD**  
NAME **KUGELMAN, JANE S**  
STREET ADDRESS **661 TANGLEWOOD DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD**  
NAME **MCMAHON, JACKLYN K**  
STREET ADDRESS **3281 SEVILLE DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS **4005 STEPHENS MILL RUN**  
14 CITY-ST-ZIP **ATLANTA, GA. 30342**

21 TITLE  Change  Addition  
22 NAME **300001417669**  
23 STREET ADDRESS **-02/28/95--01106--015**  
24 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS **301 WOODBINE DRIVE**  
34 CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: D Jack Kugelman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**D JACK KUGELMAN**

1-16-95 (904) 474-3915  
116 116