
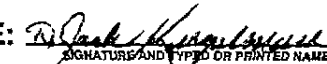


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| | | | |
|--|-------------------------------------|---|--|
| DOCUMENT # 703328 | |  | |
| 1. Entity Name THE KUGELMAN FOUNDATION, INC. | | | |
| Principal Place of Business 375 N 9TH AVE PENSACOLA, FL 32501 | | Mailing Address 375 N 9TH AVE PENSACOLA, FL 32501 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 5. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KUGELMAN, D. JACK 375 N 9TH AVE PENSACOLA, FL 32501 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCSWEENEY, NANCY K. | NAME | |
| STREET ADDRESS | 4005 STEPHANS MILL RUN N.E | STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA, GA 30342 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIVINGSTON, JANET K. | NAME | |
| STREET ADDRESS | 861 TANGLEWOOD DR | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUGELMAN, MARSHA C. | NAME | |
| STREET ADDRESS | 1900 EAST JACKSON ST. | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | |
| TITLE | PDL <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUGELMAN, D JACK | NAME | |
| STREET ADDRESS | 1424 E LAKEVIEW | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUGELMAN, JANE S | NAME | |
| STREET ADDRESS | 1424 E LAKEVIEW | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCMAHON, JACKLYN K | NAME | |
| STREET ADDRESS | 3281 SEVILLE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | Date: 1/9/06 Daytime Phone #: 850 432-0440 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |



01052006 Chg-NP CR2E037 (11/05)

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

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

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 01/17/06-80006-001 61.25