

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90320 039 ****61.25

DOCUMENT # N00000006625 1. Entity Name JAMES & ANNE KUFELDT FOUNDATION, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD SUITE 2014 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BLVD SUITE 2014 JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3677087	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROOKS, THOMAS W III 1301 RIVERPLACE BLVD., SUITE 2014 JACKSONVILLE, FL 32207				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KUFELDT, JAMES T		NAME		
STREET ADDRESS	15111 286TH AVE, N.E.		STREET ADDRESS		
CITY-ST-ZIP	DUVALL, WA 98019		CITY-ST-ZIP		
TITLE	DPT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KUFELDT, ANNE P		NAME		
STREET ADDRESS	13071 FT CAROLINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	DSVP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KUFELDT, PHILIP A		NAME		
STREET ADDRESS	700 GALE DR., SUITE 220		STREET ADDRESS		
CITY-ST-ZIP	CAMPBELL, CA 95008		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Anne P. Kufeldt</u> Anne P. Kufeldt 4/27/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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04272004 Chg-NP CR2E037 (10/03)