

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

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**



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, THOMAS W III
1301 RIVERPLACE BLVD., SUITE 2014
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUFELDT, JAMES T
STREET ADDRESS	15111 286TH AVE, N.E.
CITY - ST - ZIP	DUVALL, WA 98019
TITLE	DPT
NAME	KUFELDT, ANNE P
STREET ADDRESS	13071 FT CAROLINE ROAD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	DSVP
NAME	KUFELDT, PHILIP A
STREET ADDRESS	700 GALE DR., SUITE 220
CITY - ST - ZIP	CAMPBELL, CA 95008
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/01/05-80026-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Anne Kufeldt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 *904* *641-4161*
(Date) Daytime Phone #