

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006625

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** JAMES & ANNE KUFELDT FOUNDATION, INC.

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD  
SUITE 2400  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1301 RIVERPLACE BLVD  
SUITE 2400  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3677087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROMER, CHARLES L III  
1301 RIVERPLACE BLVD., SUITE 2400  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KUFELDT, JAMES T  
Address: 15111 286TH AVE, N.E.  
City-St-Zip: DUVALL, WA 98019

Title: DPT  
Name: KUFELDT, ANNE P  
Address: 13071 FT CAROLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DSVP  
Name: KUFELDT, PHILIP A  
Address: 700 GALE DR., SUITE 220  
City-St-Zip: CAMPBELL, CA 95008

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: ANNE KUFELDT

DPT

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date