


Apr 20 05 10:55a

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 018 ****61.25

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

DOCUMENT # N02527		
1. Entity Name DOLPHIN AND MARINE MEDICAL RESEARCH FOUNDATION, INC.		

Principal Place of Business 562 WHIPPOORWILL WAY WEST PALM BEACH, FL 33411	Mailing Address 562 WHIPPOORWILL WAY WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE

20046483



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2392111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUGLER, ELIZABETH S 562 WHIPPOORWILL WAY WEST PALM BEACH, FL 33411

**DO NOT WRITE
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KUGLER, ELIZABETH S 562 WHIPPOORWILL WAY WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SOARD, TODD A 7220 NW 39TH MANOR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMART, DAVID R III 4033 GLENLAKE TR. KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Elizabeth S. Kugler / Elizabeth S. Kugler 4/21/05. 561-704-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #