

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**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**



04202006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2392111**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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  
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)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

DATE  
**05/06/06-80044-022 61.25**

**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 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:** Elizabeth S. Kugler, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/06**

**561-791-0170**