

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703328

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC4956384256**

**Entity Name:** THE KUGELMAN FOUNDATION, INC.

**Current Principal Place of Business:**

375 N 9TH AVE  
PENSACOLA, FL 32501

**Current Mailing Address:**

375 N 9TH AVE  
PENSACOLA, FL 32501

**FEI Number:** 59-6174897

**Certificate of Status Desired:** No

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

BROWN, GERALD L  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32502 US

*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

**Officer/Director Detail :**

Title VD  
Name MCSWEENEY, NANCY K.  
Address 4005 STEPHANS MILL RUN N.E  
City-State-Zip: ATLANTA GA 30342

Title VD  
Name LIVINGSTON, JANET K.  
Address 661 TANGLEWOOD DR  
City-State-Zip: PENSACOLA FL 32501

Title VD  
Name KUGELMAN, MARSHA K  
Address 375 NORTH 9TH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title TD  
Name FOSTER, DAVID  
Address 2400 TRONJO CIRCLE  
City-State-Zip: PENSACOLA FL 32503

Title PD  
Name KUGELMAN, JANE S  
Address 1424 E LAKEVIEW  
City-State-Zip: PENSACOLA FL 32503

Title SD  
Name MCMAHON, JACKLYN K  
Address 3281 SEVILLE DRIVE  
City-State-Zip: PENSACOLA FL 32503

*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: DAVID FOSTER**

**TREASURER**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date