


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90124 034 ****61.25

DOCUMENT # N01000001306

1. Entity Name
ECONOMIC NATIONAL UNDERPRIVILEGED FOUNDATION, INCORPORATED



Principal Place of Business
 5764 N. ORANGE BLOSSOM TRAIL #105 ORLANDO, FL 32810

Mailing Address
 5764 N. ORANGE BLOSSOM TRAIL #105 ORLANDO, FL 32810

24083717



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08092004 Chg-NP CR2E037 (10/03)

4. FEI Number **95-4430262** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HENDERSON, J. FITZGERALD
 5764 N. ORANGE BLOSSOM TRAIL, #105 ORLANDO, FL 32810

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete HENDERSON, J. FITZGERALD 5764 N. ORANGE BLOSSOM TRAIL, #105 ORLANDO, FL 32810	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jo Yvette Lacy P.O. Box 161400 Orlando, Florida 32816-1400
TITLE S	<input type="checkbox"/> Delete ANDERSON, DESHAWN 207 M.A. BOARD, #20 APOPKA, FL 32703	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald Law 1650 Acme Street Orlando, Florida 32805
TITLE T	<input checked="" type="checkbox"/> Delete SCHRENKER, JOHN CPA, CFP 3404 CALUMET DRIVE ORLANDO, FL 32810	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Elegele P.O. Box 1702 Orlando, Florida 32802
TITLE D	<input checked="" type="checkbox"/> Delete FRAZIER, FLOYD 5764 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frederick Stanley 400 S ORANGE ORLANDO Florida 32802
TITLE Chairman	<input type="checkbox"/> Delete Christopher Hassall 1516 E. Hillcrest St #310 Orlando, FL 32810	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE President (Vice) Interim	<input type="checkbox"/> Delete Edwin Miller 6600 Northwest 27th Ave Miami, Florida 33147	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: John F. Henderson **John F. Henderson** 9/1/04 321 358 1585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #