

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006555 (4)**  
1. Corporation Name  
**ENERSEN EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business <b>1150-8TH AVE SW, UNIT 2802 LARGO FL 33770</b>	Mailing Address <b>1150-8TH AVE SW, UNIT 2802 LARGO FL 33770-3164</b>
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2. Principal Place of Business 21 <u>Above</u>	2a. Mailing Address 26 <u>Above</u>
22 Suite, Apt #, etc:	27 Suite, Apt #, etc:
23 City & State	28 City & State
24 Zip Country 25 <u>Pinellas</u>	29 Zip Country 30 <u>Pinellas</u>

3. Date Incorporated or Qualified <b>12/23/1996</b>	3a. Date of Last Report <u>First Report</u>
4. FEI Number <u>59-3415779</u>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ENERSEN, ROBERT J SR  
1150-8TH AVE SW, UNIT 2802  
LARGO FL 33770**

10. Name and Address of New Registered Agent

81 Name <u>N/A</u>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert J. Enersen Sr. **ROBERT J. ENERSEN, SR.** 3/15/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ENERSEN, ROBERT J SR</b>	
STREET ADDRESS	<b>1911 PERRINE ST</b>	
CITY-ST-ZIP	<b>LAFAYETTE IN 47904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, KAY E</b>	
STREET ADDRESS	<b>4616 PLANTATION DR</b>	
CITY-ST-ZIP	<b>FAIR OAKS CA 95628</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, WILLIAM</b>	
STREET ADDRESS	<b>1150-8TH AVE SW, UNIT 2802</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ENERSEN, CORALIE L</b>	
STREET ADDRESS	<b>1150-8TH AVE SW, UNIT 2802</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ENERSEN, GARY R</b>	
STREET ADDRESS	<b>P O BOX 1607 N/A</b>	
CITY-ST-ZIP	<b>FRIDAY HARBOR WA 98250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ENERSEN, DONNA</b>	
STREET ADDRESS	<b>1911 PERRINE ST</b>	
CITY-ST-ZIP	<b>LAFAYETTE IN 47904</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D, Chairman &amp; C.E.O.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT J. ENERSEN, SR.</b>	
1.3 STREET ADDRESS	<b>1150-8TH AVE, S.W., UNIT 2802</b>	
1.4 CITY-ST-ZIP	<b>LARGO, FL, 33770</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>EVANS, WILLIAM</b>	
3.3 STREET ADDRESS	<b>4616 PLANTATION DR.</b>	
3.4 CITY-ST-ZIP	<b>FAIR OAKS, CA, 95628</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D, PRESIDENT &amp; C.O.O.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ENERSEN, GARY R.</b>	
5.3 STREET ADDRESS	<b>P.O. BOX 1607 N/A</b>	
5.4 CITY-ST-ZIP	<b>FRIDAY HARBOR, WA, 98250.</b>	
6.1 TITLE	<b>D, VICE PRESIDENT &amp; SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ENERSEN, DONNA</b>	
6.3 STREET ADDRESS	<b>1911 PERRINE ST.</b>	
6.4 CITY-ST-ZIP	<b>LAFAYETTE, IN, 47904</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Enersen Sr. **ROBERT J. ENERSEN, SR.** 3/15/97 (813) 585-8055  
Signature, typed or printed name of signing officer or director Date Dailime Phone #

CR2E037 (9/96)