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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006555

1. Corporation Name

ENERSEN EDUCATIONAL FOUNDATION, INC.

Principal Place of Business
1150-8TH AVE SW, UNIT 2802
LARGO FL 33770

Mailing Address
1150-8TH AVE SW, UNIT 2802
LARGO FL 33770



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3415779	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENERSEN, ROBERT J SR 1150-8TH AVE SW, UNIT 2802 LARGO FL 33770				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENERSEN, ROBERT J SR	1.2 NAME	<i>D Enersen, Robert J., Jr.</i>
STREET ADDRESS	1150 8TH AVE SW, UNIT 2802	1.3 STREET ADDRESS	<i>1911 Perrine St.</i>
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	<i>Lafayette, In, 47904</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, KAY E	2.2 NAME	
STREET ADDRESS	4616 PLANTATION DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR OAKS CA 95628	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, WILLIAM	3.2 NAME	
STREET ADDRESS	4616 PLANTATION DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR OAKS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENERSEN, CORALIE L	4.2 NAME	
STREET ADDRESS	1150-8TH AVE SW, UNIT 2802	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	4.4 CITY-ST-ZIP	
TITLE	DPCO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENERSEN, GARY R	5.2 NAME	
STREET ADDRESS	P O BOX 1607 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRIDAY HARBOR WA	5.4 CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENERSEN, DONNA	6.2 NAME	
STREET ADDRESS	1911 PERRINE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE IN	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Robert J. Enersen* **SIGNATURE REQUIRED** 1/15/99 727-585-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)