


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90018 048 *****70.00

DOCUMENT # N96000006555
1. Entity 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

54065253



MOORE CR2E037 (4/04)

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

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

4. FEI Number: **59-3415779**
Applied For: Not Applicable

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

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

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: *Robert J. Enersen, Sr.* DATE: *7/26/04*

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

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

61.25
8.75
72.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 all other like empowered.

SIGNATURE: *Robert J. Enersen, Sr.* DATE: *7/26/04* DAYTIME PHONE #: *727-585-8055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR