


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Aug 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N96000006555**  
1. Entity Name  
**ENERSEN EDUCATIONAL FOUNDATION, INC.**



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



2. Principal Place of Business *Same* 3. Mailing Address *Same*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By September 7, 2005**

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

**Make Check Payable to  
Florida Department of State**

10. DCEO OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                       |  |   |
|---------------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <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)(f), 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.* 8/16/05 (727) 585-8055