


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002390**  
 1. Entity Name  
**ENRIQUEZ FOUNDATION, INC.**



Principal Place of Business: **3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418**  
 Mailing Address: **3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418**



**DO NOT WRITE IN THIS SPACE**

02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3444792</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUDOLPH, JAMES N CPA**  
**1836 WOODWARD ST.**  
**ORLANDO, FL 32803**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ENRIQUEZ, PAUL 3350 NORTH RIVERSIDE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRIORE, SONIA 2522 ROLLMAN ROAD ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT ENRIQUEZ, MARY 3350 N. RIVERSIDE DR. INDIALANTIC, FL 329034418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ENRIQUEZ, MARK 3350 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000239044  
 04/09/05-20034-010 61.25

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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: Mary C Enriquez Secretary April 5, 2005 773-6582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #