


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90090 027 \*\*\*\*61.25

<b>DOCUMENT # N97000002390</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3444792	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RUDOLPH, JAMES N CPA 1836 WOODWARD ST. ORLANDO, FL 32803				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 _____					
Signature, typed or printed name of registered agent and title if applicable					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, PAUL	NAME			
STREET ADDRESS	3350 NORTH RIVERSIDE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRIORE, SONIA	NAME			
STREET ADDRESS	2522 ROLLMAN ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP			
TITLE	SDT <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, MARY	NAME			
STREET ADDRESS	3350 N. RIVERSIDE DR.	STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 329034418	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENRIQUEZ, MARK	NAME			
STREET ADDRESS	3350 N. RIVERSIDE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary Enriquez</i> SDT		2/12/07		1-321-773-6582	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	