

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
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



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3444792 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000907783
 05/06/08-80002-009 61.25

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	

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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: Mary Enriquez SDT **April 19, 2008** 321-773 6282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #