

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005053

**Entity Name:** ENROY FOUNDATION, INC.

**Current Principal Place of Business:**

5814 23 AVE S  
GULFPORT, FL 33707

**Current Mailing Address:**

5814 23 AVE S  
GULFPORT, FL 33707 US

**FEI Number: 81-2971893**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ENLOW, LARRY  
5814 23 AVE S  
GULFPORT, FL 33707 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ENLOW, LARRY  
Address 5814 23RD AVE S  
City-State-Zip: GULFPORT FL 33707

Title SD  
Name KILROY, MAUREEN  
Address 5814 23RD AVE S  
City-State-Zip: GULFPORT FL 33707

Title T  
Name REIS, YARROW  
Address 5218 13TH AVE S  
City-State-Zip: GULFPORT FL 33707

Title D  
Name OLIVE, MICKIE  
Address 2531 51 ST N  
City-State-Zip: ST PETERSBURG FL 33710

Title DIRECTOR  
Name STEINFELD, VIVI  
Address 1608 53RD ST. S  
City-State-Zip: GULFPORT FL 33707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAUREEN KILROY**

**SECRETARY**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date