## 2024 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

**FILED** Apr 23, 2024

**Secretary of State** 

9127577679CC

Date

Date

Name and Address of Current Registered Agent:

KILROY, MAUREEN 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: MAUREEN KILROY 04/23/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **TREASURER** 

SAWARD, CHRISTINE KILROY, MAUREEN Name Name 5814 23RD AVE S Address 5326 8TH AVE S Address

City-State-Zip: **GULFPORT FL 33707 GULFPORT FL 33707** City-State-Zip:

Title DIRECTOR Title DIRECTOR

STEINFELD, VIVI Name WATERS, BRUCE Name Address 20376 AZEN RD Address 1608 53RD ST. S

DAMASCUS VA 24236 City-State-Zip: City-State-Zip: **GULFPORT FL 33707** 

Title DIRECTOR **PRESIDENT** Title

Name MINNICH-BECK, ANNIE KILROY. MAUREEN Name Address 5513 14TH AVE S 5814 23RD AVE S Address

City-State-Zip: **GULFPORT FL 33707** City-State-Zip: **GULFPORT FL 33707** 

Title DIRECTOR

LEVIN, ELIZABETH MORRIS Name

Address 8239 26TH AVE N

ST. PETERSBURG FL 33710 City-State-Zip:

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.

04/23/2024 SIGNATURE: MAUREEN KILROY **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail