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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732700** (0)
1. Corporation Name
THE ENGLE-WRIGHT FOUNDATION, INC.



Principal Place of Business 122 WELLS AVE. P. O. BOX 804 PALATKA FL 32177-4138 US		Mailing Address 122 WELLS AVE. P.O. BOX 804 PALATKA FL 32177-4138	3. Date Incorporated or Qualified 05/07/1975
2. Principal Place of Business 21		2a. Mailing Address 26	4. FEI Number 59-1591900
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24		Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29		Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent WRIGHT, YVONNE E P.O. BOX 804 PALATKA FL 32178		10. Name and Address of New Registered Agent	
122 Wells Ave.		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	1.1 TITLE
NAME	WRIGHT, CALVIN C.	1.2 NAME
STREET ADDRESS	122 WELLS AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP
TITLE	PD	2.1 TITLE
NAME	WRIGHT, YVONNE E.	2.2 NAME
STREET ADDRESS	122 WELLS AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	HILL, DOROTHY	3.2 NAME
STREET ADDRESS	HIGHWAY 20	3.3 STREET ADDRESS
CITY-ST-ZIP	HOLLISTER FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yvonne E. Wright* YVONNE E. WRIGHT 4-23-98 904-328-

CR2E037 (10/97)