

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90094 048 ****70.00

DOCUMENT # 732700

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



2. Principal Place of Business

21 122 WELLS AVE

Suite, Apt. #, etc.

22 PALATKA, FL 32177

City & State

23 32177 U.S.

Zip Country

24 25

2a. Mailing Address

26 P O BOX 804

Suite, Apt. #, etc., 122 WELLS AVE

27 PALATKA, FL

City & State

28 32177 U.S.

Zip Country

29 30

3. Date Incorporated or Qualified

05/07/1975

4. FEI Number

59-1591900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, YVONNE E
122 WELLS AVE
PALATKA FL 32178

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE VD
NAME WRIGHT, CALVIN C.
STREET ADDRESS 122 WELLS AVENUE
CITY-ST-ZIP PALATKA FL

DELETE

TITLE PD
NAME WRIGHT, YVONNE E.
STREET ADDRESS 122 WELLS AVENUE
CITY-ST-ZIP PALATKA FL

DELETE

TITLE SD
NAME DARLING, LINDA W.
STREET ADDRESS 8 BALTIMORE LANE
CITY-ST-ZIP PALM COAST FL 32137

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowered.

SIGNATURE: YVONNE E. WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
Date

904-328-5777
Daytime Phone #

CR2E037 (11/98)