

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90056 033 ****70.00

DOCUMENT # 732700

1. Entity Name

THE ENGLE-WRIGHT FOUNDATION, INC.



Principal Place of Business

122 WELLS AVE.
PALATKA FL 32177
US

Mailing Address

P.O. BOX 804
PALATKA FL 32178
US

14003851



MOORE CR2E037 (11/03)

2. Principal Place of Business

122 Wells Ave
Suite
Suite

3. Mailing Address

P.O. Box 804

Suite, Apt. #, etc.

City & State

PALATKA, FL 32177

City & State

PALATKA, FL 32178

4. FEI Number

59-1591900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, YVONNE E
122 WELLS AVE
PALATKA FL 32178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

YVONNE ENGLE WRIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-386-328-5444

4-5-04

Date

Daytime Phone #