


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State


02-01-2005 90042 021 ****75.00

DOCUMENT # 732700		
1. Entity Name THE ENGLE-WRIGHT FOUNDATION, INC.		

Principal Place of Business 122 WELLS AVE. STE. PALATKA FL 32177 US	Mailing Address P.O. BOX 804 PALATKA FL 32178 US
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2. Principal Place of Business 122 Wells Ave.	3. Mailing Address P.O. Box - 804
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALATKA, FL.	City & State PALATKA, FL
Zip 32177	Zip 32178
Country U.S.	Country U.S

	
1st MOORE	CR2E037 (10/04)
4. FEI Number 59-1591900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, YVONNE E 122 WELLS AVE PALATKA FL 32178	
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7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable) SAME	
City PALATKA,	Zip Code FL 32178

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 Yvonne E Wright <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 1-26-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, CALVIN C.		NAME STREET ADDRESS	
STREET ADDRESS 122 WELLS AVENUE		CITY-ST-ZIP	
CITY-ST-ZIP PALATKA FL			
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, YVONNE E.		NAME STREET ADDRESS	
STREET ADDRESS 122 WELLS AVENUE		CITY-ST-ZIP	
CITY-ST-ZIP PALATKA FL			
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DARLING, LINDA W.		NAME STREET ADDRESS	
STREET ADDRESS 8 BALTIMORE LANE		CITY-ST-ZIP	
CITY-ST-ZIP PALM COAST FL 32137			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 E. WRIGHT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-26-05 Daytime Phone # 386-328-5777