

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90091 045 ****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 32177
US**

22004017



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

same

3. Mailing Address

P.O. BOX 804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA, FL

City & State

PALATKA, FL 32178

Zip

32177

Country

U.S.

Zip

32178

Country

U.S.

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

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

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CITY-ST-ZIP

CR2E037 (10/02)

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, Pres.

2-4-03-386-328-5777