


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

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 027 ****61.25

DOCUMENT # N01000001306 1. Entity Name ECONOMIC NATIONAL UNDERPRIVILEGED FOUNDATION, INCORPORATED					
Principal Place of Business 5764 N. ORANGE BLOSSOM TRAIL #105 ORLANDO FL 32810			Mailing Address 5764 N. ORANGE BLOSSOM TRAIL #105 ORLANDO FL 32810		
2. Principal Place of Business 397 W. CHURCH STREET Suite, Apt. #, etc. 105		3. Mailing Address 			
City & State Orlando Florida		City & State 		4. FEI Number 95-4430262	
Zip 32802		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, J. FITZGERALD 5764 N. ORANGE BLOSSOM TRAIL, #105 ORLANDO FL 32810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, J. FITZGERALD 5764 N. ORANGE BLOSSOM TRAIL, #105 ORLANDO FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANDRE LAMASTER 115 LAKESIDE DRIVE ACTONVILLE SPRINGS, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, DESHAWN 207 M.A. BOARD, #20 APOPKA FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Legal Counsel LORRY COLLETTA 397 W. CHURCH STREET ORLANDO FL 32802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LACY, JO YVETTE P.O. BOX 161400 ORLANDO FL 32816-1400		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman OSMAN BAIG 100 E. PINE ST #201 ORLANDO FL 32802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, FLOYD 5764 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-CHAIRMAN CHRISTOPHER HOSSEAL 1516 E. HILLCREST ORLANDO FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEGELE, JOSEPH P.O. BOX 1702 ORLANDO FL 32802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ROBERT GUATTIERI 100 E. PINE STREET ORLANDO FL 32802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, DONALD 1650 ACME STREET ORLANDO FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Communications SHARON WILLIAMS 399 W. CHURCH ST ORLANDO FL 32802	

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: *J. Henderson* **8/1/2005** **407 263 7520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #