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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Sandra B. Mortham Secretary of State

1996

DOCUMENT # N50724

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	EN FOUNDA	ATION, INC.	Mailing Address	i							
P.O. BOX 15665 WEST PALM BEACH FL 33416 P.O. BOX 15665 WEST PALM BEACH FL 33416											
								 Date Incorporated or Quality 09/03/1992 	fied 3s	01/30/	t Report 1995
1	Place of Busines	s	2a. Mailing Addr					4. FEt Number 65-0357902			Applied For Not Applicable
Suite, Apt 2 City & Sta			Suite, Apt. #	, etc.				5. Certificate of Status Desire	۵ <u> </u>	•	5 Additional Required
Zip	ie T	Country	City & State					Election Campaign Financia Trust Fund Contribution	<u> </u>	Add	DO May Be ed to Fees
4	Q Name a	¬ ´	Zip 29	30	Country			This corporation has liability Florida Statutes	☐ Yes	i □ No	s. 199.032,
	3. 110,110 4	THE PAGE 50 CUITE	it trogistated Agent		81	Name		10. Name and Address of No	ew Registe	red Agent	
KURTZ,	JOHN										
388 S. MILITARY TRAIL WEST PALM BEACH FL 33415				B2	Street	Address	dress (P.O. Box Number is Not Acceptable)				
WEOIF	ALM DEACH	FL 33415			83 84	City					
											ip Code
or registe	rediagent or be	oth in the State of Floric	and 617.1508, Florida	a Statutes, the	above-n	amed co	orporatio	n submits this statement for the	e purpose o	ichanging as	regional or one
familiar w SIGNATURE	ith, and accept	oth, in the State of Floric the obligations of, Sectional contents of the obligations of	ion 617.0503, Florida	Statutes.	above-n the corpo	Dialion 5	board o	n submits this statement for the directors. I hereby accept the	e purpose o appointmen	it as registered	d agent. I am
familiar w SIGNATURE 2.	Signature, typed or p	the obligations of, Secti	ion 617.0503, Florida and title If applicable.	Statutes.	the corp.	Dialion 5	board o	urectors, a nereby accept the	appointmen	it as registered	d agent. I am
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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 attaching hit with an address. SIGNATURE: Toul Sound HE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.647.0705