

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90211 032 ****61.25

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DOCUMENT # N94000000390

1. Corporation Name

ENOCH SUPPORT GROUP, INC.

Principal Place of Business

3720 27TH AVE SW
NAPLES FL 34116
US

Mailing Address

3720 27TH AVE SW
NAPLES FL 34116
US



2. Principal Place of Business

21 **2023 Harbor LN**
Suite, Apt. #, etc.

2a. Mailing Address

26 **2023 Harbor LN**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

65-0540653

Applied For

Not Applicable

City & State

23 **Naples FL**

City & State

28 **Naples FL**

Zip Country

24 **34104** 25 **USA**

Zip Country

29 **34104** 30 **USA**

5. Certificate of Status Desired ☐ Additional Fee Required

\$8.75

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KOLEQUE, LAWRENCE
6160 GREEN BLVD
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **KOLEQUE, LAWRENCE**
STREET ADDRESS **6160 GREEN BLVD**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VP** ☒ DELETE

NAME **RHIMES, MARIO**
STREET ADDRESS **781 4TH ST NE**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **SD** ☐ DELETE

NAME **RUTHERFORD, JEANNENE**
STREET ADDRESS **3720 27TH AVE SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE

NAME **JONES, ANNETTE**
STREET ADDRESS **5841 12TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☐ Change ☒ Addition

NAME **Brett, Debra**
STREET ADDRESS **880 Wilson Blvd North**
CITY-ST-ZIP **Naples, FL 34120**

3.1 TITLE **SD** ☒ Change ☐ Addition

NAME **Rutherford, Jeannene**
STREET ADDRESS **2023 Harbor LN**
CITY-ST-ZIP **Naples FL 34104**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANNETTE JONES** **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

Date

455-5677

Daytime Phone #

CR2E037 (11/98)