


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N97000002390 |  |
| 1. Entity Name ENRIQUEZ FOUNDATION, INC. | |

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| Principal Place of Business 3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418 | Mailing Address 3350 N. RIVERSIDE DR. INDIALANTIC, FL 32903-4418 |
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02112005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3444792 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RUDOLPH, JAMES N CPA 1836 WOODWARD ST. ORLANDO, FL 32803 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT ENRIQUEZ, PAUL 3350 NORTH RIVERSIDE DRIVE INDIALANTIC, FL 32903 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD PRIORE, SONIA 2522 ROLLMAN ROAD ORLANDO, FL 32837 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SDT ENRIQUEZ, MARY 3350 N. RIVERSIDE DR. INDIALANTIC, FL 329034418 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ENRIQUEZ, MARK 3350 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/09/05-80034-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary C Enriquez Secretary April 5, 2005 773-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #