

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N97000002390

1. Entity Name
ENRIQUEZ FOUNDATION, INC.



Principal Place of Business
**3350 N. RIVERSIDE DR.
INDIALANTIC, FL 32903-4418**

Mailing Address
**3350 N. RIVERSIDE DR.
INDIALANTIC, FL 32903-4418**



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3444792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUDOLPH, JAMES N CPA
1836 WOODWARD ST.
ORLANDO, FL 32803**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000907788
05/06/08-80002-009 61.25

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Enriquez **SDT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 19, 2008 **321-773
6282**

Daytime Phone #