

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002390

FILED
May 01, 2009
Secretary of State

Entity Name: ENRIQUEZ FOUNDATION, INC.

Current Principal Place of Business:

3350 N. RIVERSIDE DR.
INDIALANTIC, FL 329034418

New Principal Place of Business:

Current Mailing Address:

3350 N. RIVERSIDE DR.
INDIALANTIC, FL 329034418

New Mailing Address:

FEI Number: 59-3444792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ENRIQUEZ, PAUL
Address: 3350 NORTH RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: PRIORE, SONIA
Address: 2522 ROLLMAN ROAD
City-St-Zip: ORLANDO, FL 32837

Title: SDT () Delete
Name: ENRIQUEZ, MARY
Address: 3350 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 329034418

Title: VD () Delete
Name: ENRIQUEZ, MARK
Address: 3350 N. RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ENRIQUEZ

SDT

05/01/2009

Electronic Signature of Signing Officer or Director

Date