

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

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001388

1. Entity Name
**MARK AND CATHERINE ENSIO FAMILY FOUNDATION,
INC.**



Principal Place of Business
**5065 ST. JOSEPH'S ISLAND LANE
VERO BEACH, FL 32967 US**

Mailing Address
**5065 ST. JOSEPH'S ISLAND LANE
VERO BEACH, FL 32967 US**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0801190

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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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 _____

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

**U000000783459
01/16/08-80015-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ENSIO, MARK
STREET ADDRESS 5065 ST. JOSEPH'S ISLAND LANE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE STD
NAME ENSIO, CATHERINE
STREET ADDRESS 5065 ST. JOSEPH'S ISLAND LANE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE D
NAME ENSIO, TAMARA K
STREET ADDRESS 5065 ST. JOSEPH'S ISLAND LANE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 titles empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #