

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


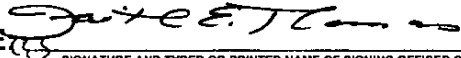
FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 015 ****61.25

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04172008 Chg-NP CR2E037 (12/06)

DOCUMENT # F05000003871					
1. Entity Name ENTERPRISE COMMUNITY LOAN FUND, INC.					
Principal Place of Business 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044			Mailing Address 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-0192004	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, KRISTIN		NAME	Lori Chatman	
STREET ADDRESS	10227 WINCOPIN CIRCLE		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURCIA, PATRICK		NAME	Michael McNeely	
STREET ADDRESS	10227 WINCOPIN CIRCLE		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, FAITH E		NAME	Robert Tsien	
STREET ADDRESS	10227 WINCOPIN CIRCLE		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAUGH, MARK		NAME	Bruce Rothschild	
STREET ADDRESS	10227 WINCOPIN CIRCLE		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, F. BARTON III		NAME	Charles Werhane	
STREET ADDRESS	10227 WINCOPIN CIRCLE		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROW, CHARLOTTE		NAME	Doris Koo	
STREET ADDRESS	10227 WINCOPIN CIRCLE, STE 505		STREET ADDRESS	10227 Wincopin CIR, STE 505	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
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 		Faith Thomas		4/29/08 410 964 1230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

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ENTERPRISE COMMUNITY LOAN FUND, INC.

10227 WINCOPIN CIRCLE SUITE 500

COLUMBIA, MD 21044*

P- 410-964-1230

F-410.964-1918

List of Officers

President:	Lori Chatman
Vice President:	Michael Sloss
Vice President:	Michael McNeely
Secretary:	Faith E. Thomas
Asst. Secretary:	Lydia Tom
Asst. Secretary:	Abby Jo Segal
Treasurer:	Charlotte Crow

Board of Directors

Faith Thomas
Robert Tsien
Bruce I. Rothschild
Charles Werhane
William Frey
Doris Koo
Scott Hoekman
Rafael Cestero
Clara Miller

*The above address is for all officers and directors unless otherwise indicated.