


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90049 017 \*\*\*\*61.25

**DOCUMENT # P06764**  
 1. Entity Name  
**THE ENTERPRISE FOUNDATION, INC.**



Principal Place of Business Mailing Address  
 10227 WINCOPIN CIR 10227 WINCOPIN CIR  
 S500 S500  
 COLUMBIA, MD 21044 US COLUMBIA, MD 21044 US

**44018034**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02052004 Chg-NP CR2E037 (10/03)

4. FEI Number **52-1231931** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**  
 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, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | VGC                           | <input type="checkbox"/> Delete            |
| NAME           | THOMAS, FAITH E.              |  |
| STREET ADDRESS | 10227 WINCOPIN CIR., STE. 500 |  |
| CITY-ST-ZIP    | COLUMBIA, MD                  |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | ALBRIGHT, HARRY W., JR.       |  |
| STREET ADDRESS | 101 MAMARONECK AVE            |  |
| CITY-ST-ZIP    | MAMARONECK, NY 10543          |  |
| TITLE          | TCFO                          | <input type="checkbox"/> Delete            |
| NAME           | CAVANAUGH, MARK               |  |
| STREET ADDRESS | 10227 WINCOPIN CIR, STE 500   |  |
| CITY-ST-ZIP    | COLUMBIA, MD 21044            |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | BESSANT, CATHERINE P.         |  |
| STREET ADDRESS | 100 N TRYON BANK OF AMERICA   |  |
| CITY-ST-ZIP    | CHARLOTTE, NC. 28255          |  |
| TITLE          | VPS                           | <input type="checkbox"/> Delete            |
| NAME           | ROUSE, PATRICIA T             |  |
| STREET ADDRESS | 10227 WINCOPIN CIR S500       |  |
| CITY-ST-ZIP    | COLUMBIA, MD                  |  |
| TITLE          | CCEO                          | <input type="checkbox"/> Delete            |
| NAME           | BARTON, HARVEY F.             |  |
| STREET ADDRESS | 10227 WINCOPIN CIR S500       |  |
| CITY-ST-ZIP    | COLUMBIA, MD                  |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Dolbeare, Chushing N.     |  |
| STREET ADDRESS | 215 Eighth Street, NE     |  |
| CITY-ST-ZIP    | Washington, DC 20002-6105 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 E. Thomas **raith E. Thomas** **2/5/04** **410-964-1230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #