

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # P06764</b>		1. Entity Name <b>THE ENTERPRISE FOUNDATION, INC.</b>	
Principal Place of Business 10227 WINCOPIN CIR S500 COLUMBIA MD 21044 US		Mailing Address 10227 WINCOPIN CIR S500 COLUMBIA MD 21044 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VG THOMAS, FAITH E. <input type="checkbox"/> Delete 10227 WINCOPIN CIR., STE. 500 COLUMBIA MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit U00000561765 05/19/06-80027-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROPHY, PAUL C <input type="checkbox"/> Delete 10227 WINCOPIN CIRCL COLUMBIA MD 21044	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CAVANAUGH, MARK <input type="checkbox"/> Delete 10227 WINCOPIN CIR, STE 500 COLUMBIA MD 21044	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESSANT, CATHERINE P. <input type="checkbox"/> Delete 100 N TRYON BANK OF AMERICA CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROUSE, PATRICIA T <input type="checkbox"/> Delete 10227 WINCOPIN CIR S500 COLUMBIA MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO BARTON, HARVEY F. <input type="checkbox"/> Delete 10227 WINCOPIN CIR S500 COLUMBIA MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 E. Thomas* Faith E. Thomas, Vice President & General Counsel