2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06764

Entity Name: ENTERPRISE COMMUNITY PARTNERS, INC.

FILED
Mar 10, 2020
Secretary of State
7719152621CC

Current Principal Place of Business:

11000 BROKEN LAND PARKWAY

SUITE 700

COLUMBIA, MD 21044

Current Mailing Address:

11000 BROKEN LAND PARKWAY SUITE 700

COLUMBIA, MD 21044 US

FEI Number: 52-1231931 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SLITE 4

SUITE 4 TALLAHASSEE, FL 32301 US

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:

Officer/Director Detail:

Title C Title S.V.P., SECRETARY AND GENERAL

COUNSEL

11000 BROKEN LAND PARKWAY

Name TERWILLIGER, J. RONALD Name THOMAS, FAITH

Address 11000 BROKEN LAND PARKWAY SUITE 700 Address 11000 BROKEN LAND PARKWAY

SUITE 700

City-State-Zip: COLUMBIA MD 21044

City-State-Zip: COLUMBIA MD 21044

Title CEO

Title S.V.P.
Name ALMODOVAR, PRISCILLA

Address 11000 BROKEN LAND PARKWAY STE Name DI SPIGNO, ANTHONY

700 Address

SUITE 700 SUITE 700

City-State-Zip: 45 W. 10TH STREET #4D NY 10011 City-State-Zip: COLUMBIA MD 21044

Title SVP Title SVP

Name FAIREY, KEITH Name POLLACK, MELINDA

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

SUITE 700 SUITE 700

City-State-Zip: COLUMBIA MD 21044 City-State-Zip: COLUMBIA MD 21044

Title TRUSTEE Title TRUSTEE

Name BARRY, MARIA Name FALK, DONALD

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

SUITE 700 SUITE 700

City-State-Zip: COLUMBIA MD 21044 City-State-Zip: COLUMBIA MD 21044

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I hereby 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 all other like empowered.

SIGNATURE: FAITH E THOMAS SVP & SECRETARY 03/10/2020

Date

Officer/Director Detail Continued:

COLUMBIA MD 21044

City-State-Zip:

Title TRUSTEE Title TRUSTEE

Name GALLO, DORAL LEONG Name NORTON, EDWARD

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

SUITE 700 SUITE 700

City-State-Zip: COLUMBIA MD 21044 City-State-Zip: COLUMBIA MD 21044

Title TRUSTEE Title TRUSTEE

Name TERWILLIGER, J. RONALD Name LAZIO, RICK

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

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COLUMBIA MD 21044

SUITE 700 SUITE 700

Title TRUSTEE Title SVP

Name POPPE, BARBARA Name JOHNSTON, ANDREW

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

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Title TRUSTEE Title TRUSTEE

Name RATNER, DONALD Name ROSE, JONATHAN

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

SUITE 700 SUITE 700

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Title TRUSTEE Title TRUSTEE

Name SANDEL, MEGAN Name SWAN, ROY

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SUITE 700 SUITE 700

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Title TRUSTEE Title TRUSTEE

Name GLOVER, RENEE LEWIS Name MCENERNEY, PATRICK

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