2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002545

FILED Jan 14, 2005 Secretary of State

Entity Name: BELIEVE IN TOMORROW NATIONAL CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6601 FREDERICK RD BALTIMORE, MD 21228 **Current Mailing Address: New Mailing Address:** 6601 FREDERICK RD BALTIMORE, MD 21228 FEI Number: 52-1332737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEEN, SAM 5880 THREE IRON DRIVE **UNIT 803** NAPLES, FL 34110 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCCREADY, RICHARD E MCCREADY, RICHARD E Name: Name: ASM, 9198 RED BRANCH ROAD Address: 8037 STRAUFF ROAD Address: City-St-Zip: COLUMBIA, MD 21045 City-St-Zip: **TOWSON, MD 21204** Title: **PRES** () Delete Title: () Change () Addition MICHAEL, MURPHY R Name: Name: Address: HRH INS., 303 INTERNATIONAL CIRCLE #400 Address: City-St-Zip: HUNT VALLEY, MD 21030 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition FIRST, MARK S Name: Name: 305 W. CHESAPEAKE AVE. Address: Address: City-St-Zip: BALTIMORE, MD 21204 City-St-Zip: Title: () Delete Title: () Change () Addition HUNTER, CHRISTIE, CP, A Name: Name: Address: 3608 PLATTE CT. Address: City-St-Zip: ELLICOTT CITY, MD 21042 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition MANN, THOMAS Name: Name: 817 MAIDEN CHOICE LN. #100 Address: Address: City-St-Zip: BALTIMORE, MD 21228 City-St-Zip: Title: () Delete Title: () Change () Addition COARD SIMPLER. Name: Name: Address: 831 WILLIAM ST Address: BALTIMORE, MD 21230 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN R. MORRISON DIR 01/14/2005