

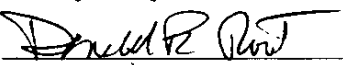
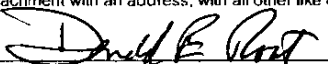


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90024 024 \*\*\*\*61.25

<b>DOCUMENT # N02000002870</b> 1. Entity Name <b>ENTERPRISE CHARLOTTE FOUNDATION, INC.</b>																																																																																																																													
Principal Place of Business <b>18501 MURDOCK CIR., SUITE 502 PORT CHARLOTTE, FL 33948-1039</b>				Mailing Address <b>18501 MURDOCK CIR., SUITE 502 PORT CHARLOTTE, FL 33948-1039</b>																																																																																																																									
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																											
City & State  Zip      Country		City & State  Zip      Country		01142008    Chg-NP      CR2E037 (12/06)																																																																																																																									
4. FEI Number <b>71-0878942</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>WILLIAMS, BETTY H 18501 MURDOCK CIR., SUITE 502 PORT CHARLOTTE, FL 33948-1039</b>			7. Name and Address of New Registered Agent Name <b>Donald E. Root</b> Street Address (P.O. Box Number is Not Acceptable) <b>18501 Murdock Circle, Suite 502</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33948-1039</b>																																																																																																																										
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  <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when re-registering)</small>  <small>DATE</small> </div>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIEDRICK, LANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1111 S MCCALL RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ENGLEWOOD, FL 34223</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MESSINA, ANDREA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1445 EDUCATION WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33948</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, BETTY H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18501 MURDOCK CIR., SUITE 502</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 339481039</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICE, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21298 OLEAN BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33949</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ROOT, DONALD E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18501 MURDOCK CIRCLE, SUITE 502</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33948-1039</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	DIEDRICK, LANE		STREET ADDRESS	1111 S MCCALL RD		CITY-ST-ZIP	ENGLEWOOD, FL 34223		TITLE	D	<input type="checkbox"/> Delete	NAME	MESSINA, ANDREA		STREET ADDRESS	1445 EDUCATION WAY		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		TITLE	DS	<input checked="" type="checkbox"/> Delete	NAME	WILLIAMS, BETTY H		STREET ADDRESS	18501 MURDOCK CIR., SUITE 502		CITY-ST-ZIP	PORT CHARLOTTE, FL 339481039		TITLE	DV	<input type="checkbox"/> Delete	NAME	RICE, THOMAS		STREET ADDRESS	21298 OLEAN BLVD		CITY-ST-ZIP	PORT CHARLOTTE, FL 33949		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ROOT, DONALD E.		STREET ADDRESS	18501 MURDOCK CIRCLE, SUITE 502		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948-1039		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		
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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:  <div style="float: right; text-align: right;">           941-627-3023  <small>Date      Daytime Phone #</small> </div>																																																																																																																													