

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06764

FILED
Apr 29, 2009
Secretary of State

Entity Name: ENTERPRISE COMMUNITY PARTNERS, INC.

Current Principal Place of Business:

10227 WINCOPIN CIR
S500
COLUMBIA, MD 21044 US

Current Mailing Address:

10227 WINCOPIN CIR
S500
COLUMBIA, MD 21044 US

New Principal Place of Business:

10227 WINCOPIN CIRCLE
500
COLUMBIA, MD 21044 US

New Mailing Address:

10227 WINCOPIN CIRCLE
500
COLUMBIA, MD 21044 US

FEI Number: 52-1231931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: RICE, NORMAN
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: V () Delete
Name: THOMAS, FAITH
Address: 10227 WINCOPIN CIR STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: V () Delete
Name: CHATMAN, LORI
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: V () Delete
Name: BAYER, NAOMI
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: V () Delete
Name: POLCARO, JAMES
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: V () Delete
Name: SIGAL, ABBY J
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: THOMAS, FAITH
Address: 10227 WINCOPIN CIR STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: BAYER, NAOMI
Address: 10227 WINCOPIN CIR, STE 500
City-St-Zip: COLUMBIA, MD 21044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FAITH E. THOMAS

SVP

04/29/2009

Electronic Signature of Signing Officer or Director

Date