

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005918

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: TCB FLORIDA, INC.

## Current Principal Place of Business:

C/O THE COMMUNITY BUILDERS, INC.  
95 BERKELEY STREET STE 500  
BOSTON, MA 02116

## New Principal Place of Business:

## Current Mailing Address:

C/O THE COMMUNITY BUILDERS, INC.  
95 BERKELEY STREET STE 500  
BOSTON, MA 02116

## New Mailing Address:

FEI Number: 04-2324773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: AMES, OLIVER F  
Address: 135 ELM ST.  
City-St-Zip: NORTH EASTON, MA 02536

Title: T ( ) Delete  
Name: ANTHONY, STEPHEN H  
Address: 33 COMMONWEALTH AVENUE  
City-St-Zip: BOSTON, MA 02116

Title: AC ( ) Delete  
Name: RUSHFORD, JAMES  
Address: 35 FAY ST  
City-St-Zip: BOSTON, MA 02118

Title: D ( ) Delete  
Name: CLAY, PHILLIP L  
Address: 44 POND ST.  
City-St-Zip: BOSTON, MA 02130

Title: P ( ) Delete  
Name: CLANCY, PATRICK E  
Address: 1932 BRANDYWINE STREET  
City-St-Zip: PHILADELPHIA, PA 01930

Title: D ( ) Delete  
Name: NOBLE, CHRISTOPHER  
Address: 34 MT. VERNON STREET  
City-St-Zip: CAMBRIDGE, MA 02140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES RUSHFORD

AC

02/11/2008

Electronic Signature of Signing Officer or Director

Date