2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# F99000005918

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D (X) Change ( ) Addition
Name: BRIAN, FALLON L P
Address: 95 BERKELEY STREET, SUITE 500
City-St-Zip: BOSTON, MA 02116

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 F. RUSHFORD AC 05/04/2009

Electronic Signature of Signing Officer or Director — Date