

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003845

Entity Name: THE TRUST FOR PUBLIC LAND ACTION FUND INC.

FILED
Apr 23, 2021
Secretary of State
7149578068CC

Current Principal Place of Business:

6 BEACON STREET
SUITE 615
BOSTON, MA 02108

Current Mailing Address:

6 BEACON STREET
SUITE 615
BOSTON, MA 02108 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title SECRETARY
Name CHIU, PEGGY
Address 6 BEACON STREET
SUITE 615
City-State-Zip: BOSTON MA 02108

Title ASSISTANT SECRETARY
Name BLAKE, CECILIA
Address 101 MONTGOMERY
9TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94104

Title CHAIRMAN OF THE BOARD
Name NIEMCZYK, CAROLYN
Address 101 MONTGOMERY
9TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR
Name HATCH, WHITNEY
Address 6 BEACON STREET
SUITE 615
City-State-Zip: BOSTON MA 02108

Title TREASURER / CFO
Name OBENDORF, JAMES
Address 6 BEACON STREET
SUITE 615
City-State-Zip: BOSTON MA 02108

Title PRESIDENT / CEO
Name LEE, WILLIAM
Address 6 BEACON STREET
SUITE 615
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name REEVE, THOMAS
Address 6 BEACON STREET
SUITE 615
City-State-Zip: BOSTON MA 02108

I hereby 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 all other like empowered.

SIGNATURE: CECILIA BLAKE

ASSISTANT SECRETARY 04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date