

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003845

**FILED**  
**May 23, 2020**  
**Secretary of State**  
**2422547844CC**

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

**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: 04-3515341**

**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            PRESIDENT / CEO  
Name            COOK, C. ERNEST  
Address        6 BEACON STREET  
                  SUITE 615  
City-State-Zip: BOSTON MA 02108

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

Title            TREASURER / CFO  
Name            SCHERER, CYNTHIA  
Address        101 MONTGOMERY  
                  9TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94104

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            DIRECTOR  
Name            ROGERS, WILLIAM B.  
Address        101 MONTGOMERY  
                  9TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94104

*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: CYNTHIA SCHERER**

**TREASURER / CFO**

**05/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date