

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005918

FILED
Apr 12, 2011
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
Name: BRIAN, FALLON L P
Address: 95 BERKELEY STREET, SUITE 500
City-St-Zip: BOSTON, MA 02116

Title: T
Name: CLANCY, PATRICK E
Address: C/O TCB, INC., 95 BERKELEY ST
City-St-Zip: BOSTON, MA 02116

Title: S
Name: RUSHFORD, JAMES F
Address: 35 FAY ST
City-St-Zip: BOSTON, MA 02118

Title: D
Name: MARCHANT, EDWARD H
Address: C/O TCB, INC, 95 BERKELEY ST
City-St-Zip: BOSTON, MA 02116

Title: D
Name: CLANCY, PATRICK E
Address: C/O TCB, INC., 95 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

Title: P
Name: MARCHANT, EDWARD H
Address: TCB, INC., 95 BERKELEY ST.
City-St-Zip: BOSTON, MA 02116

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: JAMES F. RUSHFORD

CLRK

04/12/2011

Electronic Signature of Signing Officer or Director

Date