

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000203

FILED  
Apr 20, 2008  
Secretary of State

**Entity Name:** TGG COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

3330 BUCHMAN STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1745 EAST 24TH STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 20-2083348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILCOX, JAMES  
1745 EAST 24TH STREET  
JACKSONVILLE, FL 32206 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: P ( ) Delete  
Name: WILCOX, JAMES  
Address: 1745 EAST 24TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete  
Name: WILCOX, JEANETTE  
Address: 1745 EAST 24TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete  
Name: MERKINSON, AMBROSE  
Address: 2578 BARRY DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: PHILLIPS, BRUCE B DR.  
Address: 3428 PHOENIX AVENUE  
City-St-Zip: JACKSONVILLE, FL 32206

**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:

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 WILCOX

P

04/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date