2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

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Entity Name: TLC2, INC.

Current Principal Place of Business:

1366 HALF MOON TRAIL
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

1366 HALF MOON TRAIL
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 26-0501604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARK, CHRISTOPHER S SR
1366 HALF MOON TRAIL
JACKSONVILLE, FL 32223 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: DIR
Name: PARK, GEORGIA C
Address: 1366 HALF MOON TRAIL
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: PRES
Name: BROWN, BENNETT
Address: 3007 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SEC
Name: PARK, CHRISTOPHER S SR.
Address: 1366 HALF MOON TRAIL
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TRES
Name: MORROW, WILLIAM R JR.
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP
Name: BURKE, VICKI B
Address: 8669 OSPREY LANE
City-St-Zip: JACKSONVILLE, FL 32217

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: CHRISTOPHER S. PARK SECR 01/11/2010

Electronic Signature of Signing Officer or Director Date