

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006245

FILED  
Apr 19, 2012  
Secretary of State

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

SEC

04/19/2012

Electronic Signature of Signing Officer or Director

Date