2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State

DOCUMENT # N07000007369 1. Entity Name TLC FUND, INC.									05-22-200	8 900	17 015	5 ****	70.00)
Principal Place of Business 1819 MAIN ST. 315 SARASOTA, FL 34236-5936			Mailing Address 1819 MAIN ST. 315 SARASOTA, FL 34236-5936					1 1 2 1 1 1 1	11 86 711 1 58 11 68 114 8			31 13 HH2)	III si k as i
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					05142008	Chg-NP		CR2E)37 (12	2/06)	
City & State			City & State			·•···		4. FEI Numb 26-0	54950	7			No	plied For t Applicable
Zip	Zip Country		Zip		Соц	untry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered	Agent		Nome		7. Name and	d Address of N	lew Re	gistered	Agent		···· · · · · · · · · · · · · · · · · ·
SHEWCHI		in .				Street A	ddress (F	S HOL P.O. Box Numb	LAND per is Not Acce	ptable)	#	315	<u> </u>	
315 SARASOT	A, FL 342	236-5936												
;	·						City SARASOTA FI					L Zip Code 34236		
		ty submits this statement for	r the purpos	se of changing its	registere	ed office or	r registere	ed agent, or bo	oth, in the State	of Flori	da. I am			
the obligat	tions of regist سر	tered agent.		-			, ,	,			C /	(0)		•
SIGNATURE	Signatura board			Cho	<u> </u>	1/0	<i>[[a]</i>	nd			2/	191	04	———
	Signature, typeo	d or printed name of registered agent a	and title if applic	able. (NOTE	: Registere	d Agent signati	ute required	when reinstating)			DATE			
D	Filing Fe	ee Is \$61.25 ptember 12, 2008	and title it applic	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May E Added to Fees	Ве		ke chec			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Day Destros Prone #