

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005399

FILED
Apr 27, 2009
Secretary of State

Entity Name: TCB FLORIDA AFFORDABLE HOUSING, INC.

Current Principal Place of Business:

C/O THE COMMUNITY BUILDERS, INC.
95 BERKELEY ST, SUITE 500
BOSTON, MA 02116 US

New Principal Place of Business:

Current Mailing Address:

C/O THE COMMUNITY BUILDERS, INC.
95 BERKELEY ST, SUITE 500
BOSTON, MA 02116 US

New Mailing Address:

FEI Number: 58-2492541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: DT () Delete
Name: CLANCY, PATRICK E
Address: 2 POJAC ROAD POINT
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: AC () Delete
Name: RUSHFORD, JAMES
Address: 35 FAY ST
City-St-Zip: BOSTON, MA 02118

Title: DC () Delete
Name: KEYES, LANGLEY
Address: 103 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: DP () Delete
Name: MERCHANT, EDWARD H
Address: 9 RAWSON ROAD
City-St-Zip: BROOKLINE, MA 02445

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 RUSHFORD

AC

04/27/2009

Electronic Signature of Signing Officer or Director

Date