

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


9/7/2007-90002-037-\$61.25-\$61.25

FILED

07 SEP 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9700000112
1. Entity Name
TRI-COUNTY ADVISORY COUNCIL, INC.



Principal Place of Business
20872 NE KELLY AV
BLOUNTSTOWN, FL 32424

Mailing Address
20872 NE KELLY AV
BLOUNTSTOWN, FL 32424

DO NOT WRITE IN THIS SPACE



08052007 No Chg-NP CR2E037 (4/08)

4. FEI Number
59-3419163

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGAN, HARRY
20872 NE KELLY AVE
BLOUNTSTOWN, FL 32424

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RICH, DAVID P.O. BOX 248 WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPPARD, KEN 1815 W. CENTRAL AVENUE BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, CHARLES 103 SAINT JOSEPH DRIVE PORT ST. JOE, FL 32466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, ROY LEE PO BOX 250 WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: _____ **9-20-07 850-**
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING BUSINESS ORGANIZATION Date City/State/Phone #