


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 033 \*\*\*\*61.25

**DOCUMENT # N97000000112**

1. Entity Name  
**TRI-COUNTY ADVISORY COUNCIL, INC.**



Principal Place of Business      Mailing Address

**20872 NE KELLY AV  
BLOUNTSTOWN, FL 32424**      **20872 NE KELLY AV  
BLOUNTSTOWN, FL 32424**

**66010946**



02142008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3419163</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAGAN, HARRY  
20872 NE KELLY AVE  
BLOUNTSTOWN, FL 32424**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 1615 W. CENTRAL AVENUE BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORTON, CHARLES 103 SAINT JOSEPH DRIVE PORT ST. JOE, FL 32456
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	

**DO NOT WRITE IN THIS SPACE**

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 fee empowered.

**SIGNATURE:** Roy Lee Carter      5-15-2008      1-850-639-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #