

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2009
Secretary of State

DOCUMENT# N97000000112

Entity Name: TRI-COUNTY ADVISORY COUNCIL, INC.

Current Principal Place of Business:

20872 NE KELLY AV
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

20872 NE KELLY AV
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3419163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGAN, HARRY
20872 NE KELLY AVE
BLOUNTSTOWN, FL 32424 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: P/D () Delete
Name: RICH, DAVID
Address: P.O. BOX 248
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SD () Delete
Name: SHEPPARD, KEN
Address: 1615 W. CENTRAL AVENUE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: NORTON, CHARLES
Address: 103 SAINT JOSEPH DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD () Delete
Name: CARTER, ROY LEE
Address: PO BOX 250
City-St-Zip: WEWAHITCHKA, FL 32465

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: ROY LEE CARTER

TD

06/19/2009

Electronic Signature of Signing Officer or Director

_____ Date