

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90294 011 ****61.25

UBR03103

DOCUMENT # N97000000112

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3419163**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **P/D RICH, DAVID**
STREET ADDRESS **P.O. BOX 248**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T/D ROSS, VERNON**
STREET ADDRESS **P.O. BOX 399**
CITY-ST-ZIP **BRISTOL FL 32321**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SHEPPARD, KEN**
STREET ADDRESS **1615 W. CENTRAL AVENUE**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D NORTON, CHARLES**
STREET ADDRESS **103 SAINT JOSEPH DRIVE**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BROWN, JOE**
STREET ADDRESS **RT. 1, BOX 67-D**
CITY-ST-ZIP **HOSFORD FL 32334**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD SUMNER, EARNEST W**
STREET ADDRESS **RT 1 BOX 68**
CITY-ST-ZIP **HOSFORD FL 32334**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Earne W. Sumner* RE-EARNEST W. SUMNER

4/21/03 (850) 488-8224

CR2E037 (10/02)