

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005120

**Entity Name:** TRI-COUNTY COMMUNITY RESOURCES, INC.**Current Principal Place of Business:**15 N. MAIN ST.  
CHIEFLAND, FL 32626**Current Mailing Address:**PO BOX 491  
CHIEFLAND, FL 32644**FEI Number: 47-1012971****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHILD, DIANA R  
516 E PARK AVE  
CHIEFLAND, FL 32626-0700 US*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**Officer/Director Detail :**

Title	BOARD MEMBER
Name	CHILD, DIANA R
Address	516 E PARK AVE
City-State-Zip:	CHIEFLAND FL 32626-0700

Title	CHAIRMAN
Name	GAMBLE, LEAH
Address	615 SW 4TH AVE
City-State-Zip:	TRENTON FL 32693

Title	BOARD MEMBER
Name	PARTNERSHIP FOR STRONG FAMILIES
Address	15 N. MAIN ST.
City-State-Zip:	CHIEFLAND FL 32626

Title	SECRETARY
Name	POPE, STARR
Address	15 N. MAIN ST.
City-State-Zip:	CHIEFLAND FL 32626

Title	VC
Name	GOODMAN, ALTON D
Address	4200 SW 53RD PLACE
City-State-Zip:	TRENTON FL 32693

Title	MANAGER
Name	GOODMAN, BEVERLY D
Address	4200 SW 53RD PLACE
City-State-Zip:	TRENTON FL 32693

Title	TREASURER
Name	LAURA, KLOCK
Address	2829 SW 82ND LANE
City-State-Zip:	TRENTON FL 32693

*I hereby 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 all other like empowered.*

**SIGNATURE: DIANA CHILD****BOARD MEMBER****03/26/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date