

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007515

Entity Name: TRI-COM EDUCATIONAL INTERACTIVE COMEDY, INC.**Current Principal Place of Business:**5201 LAZY LAKE LANE
ST. PETERSBURG, FL 33708**Current Mailing Address:**5201 LAZY LAKE LANE
ST. PETERSBURG, FL 33708 UN**FEI Number: 46-4978633****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SILKIE, KENNETH C
5201 LAZY LAKE LANE
ST. PETERSBURG, FL 33708 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	P
Name	SILKIE, KENNETH C
Address	5201 LAZY LAKE LANE
City-State-Zip:	ST. PETERSBURG FL 33708

Title	VP
Name	SILKIE, SUZANNE M
Address	5201 LAZY LAKE LANE
City-State-Zip:	ST. PETERSBURG FL 33708

Title	DIR
Name	TRIESTE, DARLENE ANN
Address	236 4TH AVE.N.
City-State-Zip:	SAFETY HARBOR FL 34695

Title	DIR
Name	TURRISI, MIKE
Address	160-5TH STREET
City-State-Zip:	APALACHICOLA FL 32320

Title	DIR
Name	MOOERS, CAROL
Address	6811 N. BRANCH AVE.
City-State-Zip:	TAMPA FL 33604

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: KENNETH C SILKIE**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date