

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703271

FILED  
Jul 04, 2005  
Secretary of State

**Entity Name:** TRI-COMMUNITY FIRE ASSOCIATION, INC.

**Current Principal Place of Business:**

24  
P.O. BOX 558  
LACOOCHEE, FL 33537 US

**New Principal Place of Business:**

38316 SR 575  
P.O. BOX 558  
LACOOCHEE, FL 33537 US

**Current Mailing Address:**

38924 C.R. 575  
P.O. BOX 558  
LACOOCHEE, FL 131C US

**New Mailing Address:**

38316 C.R. 575  
P.O. BOX 558  
LACOOCHEE, FL 131C US

**FEI Number:** 59-1816703 **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:**

STRAUSBAUGH, KIMBERLY  
35406 COTTON ST  
WEBSTER, FL 33597 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: D ( ) Delete  
Name: GIBSON, THERESIA  
Address: PO BOX 401  
City-St-Zip: LACOOCHEE, FL 33537

Title: V ( ) Delete  
Name: BENION, CHARLES  
Address: 39645 SR 575  
City-St-Zip: LACOOCHEE, FL 33537

Title: T ( ) Delete  
Name: STRAUSBAUGH, KIMBERLY  
Address: 35406 COTTON ST  
City-St-Zip: WEBSTER, FL 33597

Title: D ( ) Delete  
Name: BULLINGTON, LAMAR  
Address: 38926 BULLINGTON RD  
City-St-Zip: LACOOCHEE, FL 33537

Title: P ( ) Delete  
Name: SZARO, EDWARD  
Address: P.O. BOX 576 N/A  
City-St-Zip: TRILBY, FL

Title: S ( ) Delete  
Name: HAWKINS, DAVID S  
Address: 18003 US 301  
City-St-Zip: DADE CITY, FL 33523

**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:

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 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 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: MICHAEL MORGAN

MR.

07/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date