2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007
Secretary of State

DOCUMENT# 703271

Entity Name: TRI-COMMUNITY FIRE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

38316 SR 575
LACOOCHEE, FL 33537 US

Current Mailing Address:

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

New Mailing Address:

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:

GIBSON, THERESIA
21116 SLAUGHTER ROAD
LACOOCHEE, FL 33537 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:	MORGAN, MICHAEL	
Address:	14835 RAMSEY RD	
City-St-Zip:	DADE CITY, FL 33523	
Title:	V	( ) Delete
Name:	GIBSON, LAMAR	
Address:	21116 SLAUGHTER RD	
City-St-Zip:	LACOOCHEE, FL 33537	
Title:	T	( ) Delete
Name:	GIBSON, THERESIA	
Address:	21116 SLAUGHTER RD	
City-St-Zip:	LACOOCHEE, FL 33537	
Title:	D	( ) Delete
Name:	MORGAN, JEFF	
Address:	BLANTON RD	
City-St-Zip:	DADE CITY, FL 33523	
Title:	P	( ) Delete
Name:	HAWKINS, DAVID	
Address:	18003 US HWY 301	
City-St-Zip:	DADE CITY, FL 33523	
Title:	S	( ) Delete
Name:	SMITH, ROBERT	
Address:	EMERALD DRIVE	
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 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: THERESIA GIBSON T 08/03/2007
Electronic Signature of Signing Officer or Director — Date