

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703271

FILED
Jun 24, 2009
Secretary of State

Entity Name: TRI-COMMUNITY FIRE ASSOCIATION, INC.

Current Principal Place of Business:

38316 SR 575
LACOOCHEE, FL 33537 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 558
LACOOCHEE, FL 131C US

New Mailing Address:

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:

Name and Address of New Registered Agent:

GIBSON, THERESIA
21116 SLAUGHTER ROAD
LACOOCHEE, FL 33537 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

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

TRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date