

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703271

FILED  
Apr 29, 2012  
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 ( )**

**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: P  
Name: KEAN, JOHN  
Address: 27338 FIELDS FARM LN  
City-St-Zip: DADE CITY, FL 33525

Title: V  
Name: GIBSON, LAMAR  
Address: 21116 SLAUGHTER RD  
City-St-Zip: LACOOCHEE, FL 33537

Title: T  
Name: GIBSON, THERESIA  
Address: 21116 SLAUGHTER RD  
City-St-Zip: LACOOCHEE, FL 33537

Title: S  
Name: TOMMY, HUMPHRIES  
Address: 37720 CHURCH ST  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: SMITH, CHRIS  
Address: 6773 DAIRY RD  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D  
Name: REEDY, JUSTIN  
Address: 17221 POWERLINE RD  
City-St-Zip: DADE CITY, FL 33523

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: THERESIA K. GIBSON

T

04/29/2012

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

\_\_\_\_\_  
Date