2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721420

Entity Name: TRI-COUNTY VOLUNTEER FIRE DEPT., INC.

Current Principal Place of Business:	**New Principal Place of Business:**
FORBES ST. P. O. BOX 164 NOBLETON, FL 34661	

Current Mailing Address:	**New Mailing Address:**
FORBES ST. P. O. BOX 164 NOBLETON, FL 34661	

FEI Number: 59-1692277   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CARLSON, FREDRICK S 9116 CR 64705 BUSHNELL, FL 33513 US	CARLSON, FREDRICK S 9116 CR 647 CS BUSHNELL, FL 33513 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: _____   02/22/2009 _____
               Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: PD   ( ) Delete
Name: SHARP, ORVILLE
Address: 12934 FORBES ST
City-St-Zip: NOBLETON, FL 34661

Title: VD   ( ) Delete
Name: DELASCHMIT, ELAINE
Address: 8531 CR-638
City-St-Zip: BUSHNELL, FL 33513

Title: SD   ( ) Delete
Name: WHITEHEAD, BARBARA
Address: 7324 CR 647
City-St-Zip: BUSHNELL, FL 33513

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:

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: ORVILLE SHARP   PRES   02/22/2009
               Electronic Signature of Signing Officer or Director   Date