FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:21

DOCUMENT # 733879 (1)

1. Corporation Name

TRI-COUNTY COUNCIL FOR SENIOR CITIZENS, INC.

Principal Place of Business	Mailing Address
204 NORTH MAIN STREET P.O. BOX 1037 CHIEFLND FL 32626-8037	204 NORTH MAIN STREET P.O. BOX 1037 CHIEFLND FL 32626-8037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1975
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1692802 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALLEN, JOE H
#1 A&N ESTATES
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joe Hubert Allen — Joe Hubert Allen — 1/31/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	D ☐ Change ☒ Addition
NAME	COLLINS, JERROLD	1.2 NAME	Cook, Lois
STREET ADDRESS	PO BOX 2090 NA	1.3 STREET ADDRESS	Route 1, Box 8
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	Old Town, FL 32680
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	THOMAS, JOANNA D.	2.2 NAME	Jimmie Sheffield
STREET ADDRESS	RT 2 BOX 2566 NA	2.3 STREET ADDRESS	Route 2, Box 144A1
CITY-ST-ZIP	TRENTON FL	2.4 CITY-ST-ZIP	Trenton, FL 32693
TITLE	P	3.1 TITLE	D ☐ Change ☒ Addition
NAME	ALLEN, JOE HUBERT	3.2 NAME	Helen Green
STREET ADDRESS	#1 A & N ESTATES	3.3 STREET ADDRESS	360 So. Inglis Avenue
CITY-ST-ZIP	CROSS CITY FL	3.4 CITY-ST-ZIP	Inglis, FL 34449
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DRUMMOND, LUTHER	4.2 NAME	
STREET ADDRESS	P.O. BOX 406 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	LAYFIELD, VERNON	5.2 NAME	
STREET ADDRESS	RT 3 BOX 29 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HODGES, ANNE G	6.2 NAME	
STREET ADDRESS	PO BOX 1409 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Hubert Allen — Joe Hubert Allen, Board President — 904-493-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010014