FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733879

3879 (1)

TRI-COUNTY COUNCIL FOR SENIOR CITIZENS, INC.

Delegian Diago	of Designation	Matter Address			
Principal Place of Business 204 NORTH MAIN STREET P.O. BOX 1037 CHIEFLND FL 32626-8037		Mailing Address 204 NORTH MAIN STREET P.O. BOX 1037 CHEFLND FL 32626-0802			
				 Date Incorporated or Qualified 09/22/1975 	3a. Date of Last Report 01/29/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4949 S	W State Road 26		tate Road 26	59-1692802	Not Applicable
	rawer 1259	Suite, Apt. #, etc. 27 P.O. Drawe	er 1259	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	n, Florida	28 Trenton, I		Trust Fund Contribution	Added to Fees
Zip 24 3269		^{Zip} 32693	Country Gilchris	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes XI No
	9. Name and Address of Current	Registered Agent	2.1	10. Name and Address of New R	egistered Agent
			81 Name		
ALLEN, JOE H #1 A&N ESTATES				Address (P.O. Box Number is Not Accepta	ble)
	CITY FL 32628		83		
	•		84 City		85 Zip Code
	•				
11. Pursuant t	to the provisions of Sections 6/7,0502	and 617.1508, Florida Statu Æforida: Such change was	utes, the above-named of authorized by the corn	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered
agent. I	n familiar fith, and account he oblight	ions of, 96/1196/697.0503, F			4 4 7 0 7
SIGNATURE	Ja Janua	, acc		ert Allen	1-17-97
12.	Streature, typed or printed name of registered agoni OFFICERS AND		JTE: Registered Agent signature r	required when re-instating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
Title (ST	M DELETE	11 TITLE	ST	Change
NAME	COLLINS, JERROLD		1.2 NAME	Douglas K. Beach	
STREET AUDRESS	PO BOX 2090 NA		1.3 STREET ADDRESS	P.O. Box 281 N/A	
CITY - \$1 - 70°	CHIEFLND FL		14 CITY-ST-ZIP	Trenton, FL 32693	
TITLE	D	DELETE	2 1 TITLE	D	Change Addition
NAME	THOMAS, JOANNA D.		22 NAME	Reverend Bobby Lindse	**
STREET ADDRESS	RT 2 BOX 2566 NA		23 STREET ADDRESS	HC1 Box 679 NA	У
CITY-SI-ZIP	TRENTON FL		2 4 CITY-ST-ZIP	Old Town, FL 32680	
TOLE	P	☐ DELETE	3 1 TITLE	D	☐ Change
NAME	ALLEN, JOE HUBERT		3.2 NAME	Alfonse V. Milito	
STREET ADDRESS	#1 A & N ESTATES		3.3 STREET ADDRESS	At. 3 Box 701 N/A	
C(TY - ST - ZIP	CROSS CITY FL		3.4. CITY-ST-ZIP	Trenton, FL 32693	
THE	D	X DETEA	4.1 TITLE		Change Addition
NAME	COOK, LOIS		4. 2 NAME		
STREET ADDRESS	ROUTE 1, BOX 8		4.3 STREET ADDRESS		
CITY - ST - ZIP	OLD TOWN FL	T DELETE	4.4 CITY - ST - ZIP	 	Change Addition
TITLE	V LAYFIELD, VERNON	L DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS	RT 3 BOX 29 NA		5.2 NAME 5.3 STREET ADDRESS		
CITY+S1+ZIP	TRENTON FL				
TILLE	D	₩ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	HODGES, ANNE G		6.2 NAME		
STREET ADDRESS	PO BOX 1409 NA		6.3 STREET ADORESS		
City - St - ZiP	CROSS CITY FL		6.4 CITY-ST-ZIP		
14. Ldo heret	by certify that the information supplied	with this filing does not que	lify for the exemption st	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
informatio Lani an of appears i	in indicated on this annual report or sufficer or director of the corporation or to Block 12 or Block 13 if changed, or	ppiemenial annual report is he/receiver or trustee empo or an attachment with an a	true and accurate and owered to execute this red ddress.	that my signature shall have the same leg eport as required by Chapter 617, Florida	al effect as if made under oath; that Statutes; and that my name

SIGNATURE:

Joe Hubert Allen

352) - 463-3480 1-17-97

FILED

Mar 27 1997 8:00am

Secretary of State