

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733879 (1)

1. Corporation Name

TRI-COUNTY COUNCIL FOR SENIOR CITIZENS, INC.

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  
CHIEFLND FL 32626-8037

FILED  
Jan 29 1996 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/22/1975		02/06/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1692802		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Mr. Joe Hubert Allen* Mr. Joe Hubert Allen 352-498-1200 01-23-96  
Signature, typed or printed name of registered agent was filed and applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST COLLINS, JERROLD	1.1 TITLE	
NAME	PO BOX 2090 NA	1.2 NAME	
STREET ADDRESS	CHIEFLND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D THOMAS, JOANNA D.	2.1 TITLE	
NAME	RT 2 BOX 2566 NA	2.2 NAME	
STREET ADDRESS	TRENTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P ALLEN, JOE HUBERT	3.1 TITLE	
NAME	#1 A & N ESTATES	3.2 NAME	
STREET ADDRESS	CROSS CITY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D COOK, LOIS	4.1 TITLE	
NAME	ROUTE 1, BOX 8	4.2 NAME	
STREET ADDRESS	OLD TOWN FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V LAYFIELD, VERNON	5.1 TITLE	
NAME	RT 3 BOX 29 NA	5.2 NAME	
STREET ADDRESS	TRENTON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HODGES, ANNE G	6.1 TITLE	
NAME	PO BOX 1409 NA	6.2 NAME	
STREET ADDRESS	CROSS CITY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mr. Joe Hubert Allen* Mr. Joe Hubert Allen 352-498-1200 01-23-96  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)