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

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737117 (2)

1. Corporation Name

TRI-COUNTY ADDICTIONS REHABILITATION SERVICES, INC.

Principal Place of Business	Mailing Address
37 THIRD ST. SW PO BOX 9306 WINTER HAVEN FL 33883-6306	37 THIRD ST. SW PO BOX 9306 WINTER HAVEN FL 33883-6306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1976
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1708182 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GOODWILL, RAYMOND
107 AVE. A., NW
WINTER HAVEN FL 33880

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 Raymond Goodwin JR
Signature, (type 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	D	11 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, AMY	12 NAME		
STREET ADDRESS	P. O. BOX 1414 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	14 CITY-ST-ZIP		
TITLE	VC	21 TITLE		☐ Change ☐ Addition
NAME	ALUMBAUGH, LARRY	22 NAME		
STREET ADDRESS	2102 CREEK BEND DR.	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE		☐ Change ☐ Addition
NAME	GOODWILL, RAYMOND JR.	32 NAME		
STREET ADDRESS	107 AVE. A., NW	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	EVERS, JOEL	42 NAME		
STREET ADDRESS	610 W PALMETTO ST	43 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, VIDA	52 NAME		
STREET ADDRESS	412 W. ORANGE SR.	53 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	54 CITY-ST-ZIP		
TITLE	DT	61 TITLE		☐ Change ☐ Addition
NAME	SPANGERS, BENNIE	62 NAME		
STREET ADDRESS	2100 CRUMP ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	64 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)(i), 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: Raymond Goodwin JR
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Corporate Seal)

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737117 (2)

Carolyn Baldwin	437 21st St., S.W.	Winter Haven, FL 33880
Robert C. Branson	29 Golf View Circle	Winter Haven, FL 33880
Com. James Gose	2911 N.E. Lake View	Sebring, FL 33870
Dr. Wiley Koon	635 First St., N.	Winter Haven, FL 33881
Peggy Martin	521 Laurel Lane	Lakeland, FL 33801
Dr. David Neal	400 Avenue K, S.E.	Winter Haven, FL 33880
Jack Simmers	589 W. Lake Howard Dr. #2A	Winter Haven, FL 33880