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

pg. 183

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DOCUMENT # 737117 (2)

1. Corporation Name
TRI-COUNTY ADDICTIONS REHABILITATION SERVICES, I NC.

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

3. Date Incorporated or Qualified: 10/22/1976
3a. Date of Last Report: 03/03/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Vida Tomlinson
82 Street Address (P.O. Box Number is Not Acceptable): 412 W. Orange Street
83:
84 City: Wauchula **FL** 85 Zip Code: 33873

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: Vida A. Tomlinson 3/21/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, AMY P. O. BOX 1414 N/A AVON PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman Vida Tomlinson 412 W. Orange St. Wauchula, Fl. 33873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VC~~ D ALUMBAUGH, LARRY 2102 CREEK BEND DR. LAKELAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-Chairman Bernadine J. Spanjers 2100 Crump Road Winter Haven, Fl. 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ~~GOODWILL, RAYMOND JR.~~ ~~107 AVE. A., NW~~ ~~WINTER HAVEN FL~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Peggy Martin 521 Laurel Lane Lakeland, Fl. 33801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERS, JOEL 810 W PALMETTO ST WAUCHULA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Dr. Wiley Koon 635 First Street, N. Winter Haven, Fl. 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ C TOMLINSON, VIDA 412 W. ORANGE SR. WAUCHULA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ VC SPANGERS, BENNIE 2100 CRUMP ROAD WINTER HAVEN FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition >2 4.1

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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: Vida A. Tomlinson 3/21/96 941 773-6952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tri-County Addictions Rehabilitation Services, Inc.
Alcohol and Drug Abuse Programs

FISCAL YEAR 1995 - 1996

CHAIRMAN

Mrs. Vida Tomlinson
Hardee County Board of Commissioners
Court House Annex, Room A204
412 W. Orange Street
Wauchula, Florida 33873
Work Phone: 941/773-6952

VICE CHAIRMAN

Mr. Larry Alumbaugh
2102 Creek Bend Drive
Lakeland, Florida 33803
Work Phone: 941/533-3181

SECRETARY

Mrs. Peggy Martin
521 Laurel Lane
Lakeland, Florida 33801
Home Phone: 941/646-1637

TREASURER

Dr. Wiley Koon
635 First Street, N
Winter Haven, Florida 33883
Work Phone: 941/294-7456
Home Phone: 941/324-1027

DIRECTORS

Mr. Robert C. Branson
29 Golf View Circle
Winter Haven, Florida 33880
Home Phone: 941/293-7169

Mr. Joel Evers
810 West Palmetto Drive
Wauchula, Florida 33873
Home Phone: 941/773-4347

BOARD OF DIRECTORS

Com. James Gose
2911 N. E. Lake View
Sebring, Florida 33870
Work Phone: 941/453-6661

Mrs. Amy Lawrence
P. O. Box 1414
Avon Park, Florida 33825
Home Phone: 941/453-5087

Dr. David Neal
400 Avenue K, S.E.
Winter Haven, Florida 33880
Work Phone: 941/294-7648

Mr. Jack Simmers
689 W. Lake Howard Drive, #2A
Winter Haven, Florida 33880
Home Phone: 941/293-4021

Mrs. Bennie Spanjers
2100 Crump Road
Winter Haven, Florida 33880
Home Phone: 941/324-7071

Mr. Raymond A. Goodwill, Jr.
Executive Director
Tri-County Addictions Rehabilitation Services, Inc.
37 Third Street, S.W.
P. O. Drawer 9306
Winter Haven, Florida 33883-9306
Work Phone: 941/299-4464

Mr. Stephen C. Fitzwater
Administrative Services Director
Tri-County Addictions Rehabilitation Services, Inc.
37 Third Street, S.W.
P. O. Drawer 9306
Winter Haven, Florida 33883-9306
Work Phone: 941/299-4464