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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737117

1. Corporation Name
TRI-COUNTY HUMAN SERVICES, INC.

244885 - 90001 - 12

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. *Date Incorporated or Qualified* 10/22/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1708182 ☐ Applied For ☐ Not Applicable
City & State 23	*City & State* 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33883-9306 Country 25	Zip 29 33883-9306 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WILCOX, WD
948 HERON COURT
WINTER HAVEN FL 33884

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, AMY		1.2 NAME		
STREET ADDRESS	P. O. BOX 1414 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MYRICK, DIANA		2.2 NAME		
STREET ADDRESS	P.O. BOX 391 N/A -		2.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33831		2. 4 CITY-ST-ZIP		
TITLE	T.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILCOX, WD		3.2 NAME		
STREET ADDRESS	948 HERON COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EVERS, JOEL		4. 2 NAME		
STREET ADDRESS	810 W PALMETTO ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		4.4 CITY-ST-ZIP		
TITLE	CHM	☐ DELETE	5.1 TITLE	CHM	☒ Change ☐ Addition
NAME	TOMLINSON, VIDA		5.2 NAME	Tomlinson, Vida	
STREET ADDRESS	412 W. ORANGE SR.		5.3 STREET ADDRESS	803 Shady Nook Circle	
CITY-ST-ZIP	WAUCHULA FL 33873		5.4 CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	VC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPANGERS, BENNIE		6.2 NAME		
STREET ADDRESS	2100 CRUMP ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

244885 - 70001-12
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1999 Nonprofit Corporation Annual Report

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Tri-County Human Services, Inc.
P. O. Box 9306
Winter Haven, FL 33883-9306

Item # 13. Continued below

Director — Addition
Mr. Paul B. Cate
363 Third St., N.W.
Winter Haven, FL 33881

Director — Addition
Mrs. Linda Cunniff, R.N.
1012 N. Riverdale Rd.
Avon Park, FL 33825

Director — Addition
Mrs. Dorothy Kelley
2250 S.R. 17
Avon Park, FL 33825

Director — Addition
Dr. David Neal
400 Avenue K, S.E.
Winter Haven, FL 33880

Director — Addition
Mrs. Linda Troupe
Mark Wilcox Drug-Free Schools Center
611 Post Avenue, S.E.
Winter Haven, FL 33880

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Tri-County Human Services, Inc.

13. Continued

Executive Director — Addition
Mr. Casey S. Behrend
C/O Tri-County Human Services, Inc.
P. O. Drawer 9306
Winter Haven, FL 33883-9306

Administrative Services Director — Addition
Mr. Stephen C. Fitzwater
C/O Tri-County Human Services, Inc.
P. O. Drawer 9306
Winter Haven, FL 33883-9306