

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737117

FILED
Jan 16, 2004
Secretary of State**Entity Name:** TRI-COUNTY HUMAN SERVICES, INC.**Current Principal Place of Business:**4683 E. COUNTY ROAD 540A
LAKELAND, FL 338134407**New Principal Place of Business:****Current Mailing Address:**4683 E. COUNTY ROAD 540A
LAKELAND, FL 338134407**New Mailing Address:****FEI Number:** 59-1708182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEAL, DAVID
400 AVE K SE
WINTER HAVEN, FL 33880 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: JONES, SHIRLEY
Address: 6116 OAKVIEW DRIVE
City-St-Zip: LAKELAND, FL 33811**Title:** D () Delete
Name: TOMLINSON, VIDA
Address: 803 SHADY NOOK CIRCLE
City-St-Zip: WAUCHULA, FL 33873**Title:** T () Delete
Name: LOWENDOWSKI, BRIAN
Address: 5047 HANOVER LANE
City-St-Zip: LAKELAND, FL 33813**Title:** D () Delete
Name: JOHNS, SHEILA
Address: 1710 VANDOLAH RD
City-St-Zip: WAUCHULA, FL 33873**Title:** CHM () Delete
Name: NEAL, DAVID
Address: 400 AVE. K S.E.
City-St-Zip: WINTER HAVEN, FL 33880**Title:** VC () Delete
Name: CUNNIFF, LINDA
Address: 1012 N RIVERDALE
City-St-Zip: AVON PARK, FL 33825**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: CONTI, TONY
Address: 1962 E. EDGEWOOD DR.
City-St-Zip: LAKELAND, FL 33803**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NEAL

CHM

01/16/2004

Electronic Signature of Signing Officer or Director

Date