2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 737117

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:	CONTI, TONY	
Address:	1962 E. EDGEWOOD DR.	
City-St-Zip:	LAKELAND, FL 33803	
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:	T	(X) Change ( ) Addition
Name:	LEWENDOWSKI, BRIAN	
Address:	5047 HANOVER LANE	
City-St-Zip:	LAKELAND, FL 33813	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SHIRLEY JONES S 01/06/2005

Electronic Signature of Signing Officer or Director — Date