## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737117** 

FILED Jan 29, 2007 Secretary of State

Entity Name: TRI-COUNTY HUMAN SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1815 CRYSTAL LAKE DRIVE LAKELAND, FL 338015979

**Current Mailing Address: New Mailing Address:** 

1815 CRYSTAL LAKE DRIVE LAKELAND, FL 338015979

FEI Number: 59-1708182 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEAL, DAVID CUNIFF, LINDA

1012 NORTH RIVERDALE ROAD 400 AVE K SE WINTER HAVEN, FL 33880 US AVON PARK, FL 33825

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: LINDA CUNIFF 01/29/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

WINTER HAVEN, FL 33880

CUNNIFF, LINDA

1012 N RIVERDALE

AVON PARK, FL 33825

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition JONES, SHIRLEY Name: Name: 6116 OAKVIEW DRIVE Address: Address: LAKELAND, FL 33811 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition TOMLINSON, VIDA Name: Name: Address: 803 SHADY NOOK CIRCLE Address: City-St-Zip: WAUCHULA, FL 33873 City-St-Zip: Title: () Delete Title: () Change () Addition LEWENDOWSKI, BRIAN Name: Name: 5047 HANOVER LANE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: CONTI, TONY Name: STROLLO, JACK 1962 E. EDGEWOOD DR. Address: Address: 5907 VELVET LOOP City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33811 Title: CHM () Delete Title: (X) Change ( ) Addition NEAL, DAVID NEAL, DAVID Name: Name: 400 AVE. K S.E. Address:

400 AVE. K S.E. Address:

City-St-Zip: WINTER HAVEN, FL 33880

Title: (X) Change ( ) Addition

CUNNIFF, LINDA Name:

Address: 1012 N RIVERDALE ROAD AVON PARK, FL 33825 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/29/2007