2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 737117

Entity Name: TRI-COUNTY HUMAN SERVICES, INC.

Current Principal Place of Business:

1815 CRYSTAL LAKE DRIVE
LAKELAND, FL 338015979 US

New Principal Place of Business:

Current Mailing Address:

1815 CRYSTAL LAKE DRIVE
LAKELAND, FL 338015979 US

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:

CUNIFF, LINDA
1012 NORTH RIVERDALE ROAD
AVON PARK, FL 33825 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 US	
Title:	D	( ) Delete
Name:	TOMLINSON, VIDA	
Address:	803 SHADY NOOK CIRCLE	
City-St-Zip:	WAUCHULA, FL 33873 US	
Title:	T	( ) Delete
Name:	STROLLO, JACK	
Address:	5907 VELVET LOOP	
City-St-Zip:	LAKELAND, FL 33811 US	
Title:	V	( ) Delete
Name:	NEAL, DAVID	
Address:	400 AVENUE K, S.E., SUITE 10	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	D	( ) Delete
Name:	LEWANDOWSKI, BRIAN	
Address:	5047 HANOVER LANE	
City-St-Zip:	LAKELAND, FL 33813 US	
Title:	CHM	( ) Delete
Name:	CUNNIFF, LINDA	
Address:	1012 N RIVERDALE ROAD	
City-St-Zip:	AVON PARK, FL 33825 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KAYLOR, DAVID	
Address:	21 LAKE ELOISE LANE	
City-St-Zip:	WINTER HAVEN, FL 33884 US	
Title:	T	(X) Change ( ) Addition
Name:	STROLLO, JACK	
Address:	5861 DEER FLAG DRIVE	
City-St-Zip:	LAKELAND, FL 33811 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CONTI, TONY	
Address:	1962 E. EDGEWOOD DRIVE	
City-St-Zip:	LAKELAND, FL 33803 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 01/15/2009

Electronic Signature of Signing Officer or Director — Date