

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737117

FILED
Apr 08, 2010
Secretary of State

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
Name: JONES, SHIRLEY
Address: 6116 OAKVIEW DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: D
Name: ROACH, RICHARD
Address: 2612 COVENTRY AVENUE
City-St-Zip: LAKELAND, FL 33803 US

Title: T
Name: STROLLO, JACK
Address: 5861 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: V
Name: NEAL, DAVID
Address: 400 AVENUE K, S.E., SUITE 10
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D
Name: CONTI, TONY
Address: 1962 E. EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: CHM
Name: CUNNIFF, LINDA
Address: 1012 N RIVERDALE ROAD
City-St-Zip: AVON PARK, FL 33825 US

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY JONES

S

04/08/2010

Electronic Signature of Signing Officer or Director

Date