

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005356

FILED
Jan 16, 2009
Secretary of State

Entity Name: TRI COUNTY HOUSING SERVICES CORP.

Current Principal Place of Business:

3001CEDORA TERR
SEBRING, FL 3387

New Principal Place of Business:

Current Mailing Address:

3001 CEDORA TERRACE
SEBRING, FL 3387

New Mailing Address:

FEI Number: 65-1036591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLAND, FRANK
12865 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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: D () Delete
Name: MEE, DENNIS
Address: 3001 CEDORA TERRACE
City-St-Zip: SEBRING, FL 3387

Title: D () Delete
Name: STEPHENSON, DIANA
Address: 10160 OLEANDER COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: SCHWARTZBAUM, STEVEN
Address: 1940 NORTHEAST 124TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

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:

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: DENNISKMEE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date