

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006136

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** THE TRI-COUNTY BREAST CANCER SUPPORT GROUP, INC.

**Current Principal Place of Business:**

10051 NW 37TH AVE  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 38  
CHIEFLAND, FL 32644

**New Mailing Address:**

**FEI Number:** 59-3739964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HARRIS, EVELYN M  
10051 NW 37TH AVE  
CHIEFLAND, FL 02626      US

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: PD      ( ) Delete  
Name: HARRIS, EVELYN M  
Address: 10051 NW 37TH AVE  
City-St-Zip: CHIEFLAND, FL 02626

Title: D      ( ) Delete  
Name: GERRITY, JANET R  
Address: 13490 NE 16TH AVE  
City-St-Zip: TRENTON, FL 32693

Title: VD      ( ) Delete  
Name: SMITH, DOROTHY  
Address: 74 NE 234TH AVE  
City-St-Zip: CROSS CITY, FL 32628

Title: TD      ( ) Delete  
Name: CASE, GLENNIE  
Address: 1216 S MAIN STREET  
City-St-Zip: CHIEFLAND, FL 32626

**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:

Title: TD      (X) Change ( ) Addition  
Name: MOORE, CHARLENE  
Address: 209 S E 4TH STREET  
City-St-Zip: CHIEFLAND, FL 32626

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: EVELYN M. HARRIS

PD

09/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date