

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002861

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** TRI-COUNTY COMMUNITY HOUSING SERVICES, INC.

**Current Principal Place of Business:**

1648 TAYLOR RD, # 256  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

1648 TAYLOR RD, # 256  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, CLYDE  
2067 OLD DAYTONA RD  
PORT ORANGE, FL 32128 US

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

PIERCE, CLYDE W  
2067 OLD DAYTONA RD  
PORT ORANGE, FL 32128 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: CLYDE W PIERCE

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: PIERCE, CLYDE  
Address: 2067 OLD DAYTONA RD  
City-St-Zip: PORT ORANGE, FL 32128

Title: PD ( ) Delete  
Name: HAMEL, DENNIS G  
Address: P O BOX 291221  
City-St-Zip: PORT ORANGE, FL 32129

Title: STD ( ) Delete  
Name: SICILIA, TERRANCE R  
Address: 1108 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: GUETHON, JOE  
Address: 34 LAUREL RIDGE BRAKE  
City-St-Zip: ORMOND BEACH, FL 32174

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLYDE W PIERCE

CD

04/29/2005

Electronic Signature of Signing Officer or Director

Date