

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002861

FILED
May 01, 2006
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: 41-2176298 **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:

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

CD

05/01/2006

Electronic Signature of Signing Officer or Director

Date