

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001106

FILED
Jun 25, 2009
Secretary of State

Entity Name: TRI-COUNTY AREA SAFETY COUNCIL, INC.

Current Principal Place of Business:

4 WEST PARK AVE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

11590 NW 68TH TERRACE #C
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 59-3656857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WILLIAMS, ROBERT L
11590 NW 68TH TERRACE
CHIEFLAND, FL 32626 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: D () Delete
Name: WILLIAMS, ROBERT L
Address: 11590 NW 68TH TERRACE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: HOUSKA, DEBRA J
Address: 4 WEST PARK AVE - # 906
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: HOLLAND, CHRISTINA
Address: 6621 PINE ST
City-St-Zip: BRONSON, FL 32621

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: ROBERT L WILLIAMS

DIRE

06/25/2009

Electronic Signature of Signing Officer or Director

Date