

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002862

FILED
Mar 24, 2009
Secretary of State

Entity Name: TR I COUNTY OFFICIALS INC

Current Principal Place of Business:

3342 CALHOUN ROAD
GREENWOOD, FL 32443 US

New Principal Place of Business:

Current Mailing Address:

3342 CALHOUN ROAD
GREENWOOD, FL 32443 US

New Mailing Address:

FEI Number: 59-3036768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GODWIN, DERIT N
3342 CALHOUN ROAD
GREENWOOD, FL 32443 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: P () Delete
Name: GODWIN, DERIT N
Address: 3342 CALHOUN ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: VP () Delete
Name: RIVERS, GEORGE
Address: 5278 OLD U. S ROAD
City-St-Zip: MARIANNA, FL 32446

Title: SEC () Delete
Name: CAMPBELL, MACK
Address: 787 BROWN STREET
City-St-Zip: CHIPLEY, FL 32428

Title: CD () Delete
Name: GODWIN, JAMES
Address: 3010 4TH AVE
City-St-Zip: MARIANNA, FL 32446

Title: ED () Delete
Name: GODWIN, EARL
Address: 20747 S. E AZALEA DRIVE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: WD () Delete
Name: TAYLOR, JED
Address: 1457 UNDERWOOD ROAD
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: CAMPBELL, MACK
Address: 787 BROWN STREET
City-St-Zip: MARIANNA, FL 32428

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: DERIT N. GODWIN

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date