# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2011**
**Secretary of State**

DOCUMENT# N10000009597

**Entity Name:** TRI-COUNTY HOMES AND ASSISTED PROGRAM SERVICES, INC.

**Current Principal Place of Business:**

1815 CRYSTAL LAKE DR
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

1815 CRYSTAL LAKE DR
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CUNIFF, LINDA
1012 NORTH RIVERDALE RD
AVON PARK, FL 33825 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: D
Name: RIHN, ROBERT
Address: P O BOX 5566
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: HENDERSON, JACQUELINE
Address: 103 ORANGE STREET
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D
Name: WHIPPLELEATHERWOOD, ANTHONY
Address: 3722 MAD BURY CIRCLE
City-St-Zip: LAKELAND, FL 33810

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. RIHN D 03/28/2011

Electronic Signature of Signing Officer or Director — Date