

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009597

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**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 RIHN

D

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date