

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002189

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** TRI-COUNTY ASSOCIATION ON HEALTH, ENVIRONMENTAL AND LEGISLATIVE POLICIES, INC.

**Current Principal Place of Business:**

1833 LOST PINE LN  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 222  
APOPKA  
ZELLWOOD, FL 32798 US

**New Mailing Address:**

**FEI Number:** 38-3829416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMALLEY, WILLIAM D  
25628 HAWKS RUN LN  
SORRENTO, FL 32776 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  
Name: SAMSON, ANDREA  
Address: 1833 LOST PINE LN  
City-St-Zip: APOPKA, FL 32712 US

Title: EXVP  
Name: SMALLEY, BILL  
Address: 25628 HAWKS RUN LN  
City-St-Zip: SORRENTO, FL 32776 US

Title: VPED  
Name: CLARK, JAMES L  
Address: 628 BUTLER  
City-St-Zip: WINDERMERE, FL 34786 US

Title: S  
Name: SAMSON, ANDREA  
Address: 1833 LOST PINE LN  
City-St-Zip: APOPKA, FL 32712 US

Title: T  
Name: BLUM, JOE ANTHONY  
Address: 5378 ROUND LAKE RD  
City-St-Zip: APOPKA, FL 32712 US

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: JOE ANTHONY BLUM

TREA

02/08/2012

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

\_\_\_\_\_  
Date