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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21988 (3)

1. Corporation Name

TRI-COUNTY FLORIDA, CHAPTER #317, INC.

Principal Place of Business

Mailing Address

2250 S. OLD DIXIE HWY.
VERO BEACH FL 32962
US

P.O. BOX 650251
VERO BEACH FL 32965-0251
US



3. Date Incorporated or Qualified
08/11/1987

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGSON, RUTHANN B.
7986 21ST STREET
VERO BEACH FL 32966

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ANN	
STREET ADDRESS	2250 S. OLD DIXIE HIGHWAY	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HODGSON, RUTHANN	
STREET ADDRESS	7986 21ST STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MINICH, WENDY	
STREET ADDRESS	2250 S. OLD DIXIE HWY.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, MILLE	
STREET ADDRESS	10479 157TH STREET NORTH	
CITY - ST - ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDES, KATHY	
STREET ADDRESS	1195 38TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENNISON, VALERIE	
STREET ADDRESS	4451 60TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ruthann Hodgson	
1.3 STREET ADDRESS	7986 21st Street	
1.4 CITY - ST - ZIP	VERO BEACH, FL 32966	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathy Brandes	
2.3 STREET ADDRESS	1195 38th Avenue	
2.4 CITY - ST - ZIP	VERO BEACH, FL 32960	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Diana Allen	
3.3 STREET ADDRESS	1914 SW Davis Street	
3.4 CITY - ST - ZIP	Port St. Lucie FL 34953	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wendy Minich	
4.3 STREET ADDRESS	2234 5th St. SE	
4.4 CITY - ST - ZIP	VERO BEACH, FL 32962	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sara Hayes	
5.3 STREET ADDRESS	507 Lake Victoria Circle	
5.4 CITY - ST - ZIP	Melbourne, FL 32940	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Judy Higgins	
6.3 STREET ADDRESS	2060 55th Avenue	
6.4 CITY - ST - ZIP	VERO BEACH, FL 32967	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy Minich Treasurer 2/11/97 (Seal) 562-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020935

CR2E037 (9/96)