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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21988

1. Corporation Name

TRI-COUNTY FLORIDA, CHAPTER #317, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 650251
VERO BEACH FL 32965
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/11/1987

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

2224 5th Court S.E.

83

84 City Vero Beach

FL

85 Zip Code 32962

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 PD ☐ DELETE

NAME HODGSON, RUTHANN
STREET ADDRESS 7986 21ST STREET
CITY-ST-ZIP VERO BEACH FL 32966

TITLE VP ☒ DELETE

NAME BRANDES, KATHY
STREET ADDRESS 1195 38TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE S ☐ DELETE

NAME MARSH, LEA
STREET ADDRESS 388 ROUSE RD
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE T ☒ DELETE

NAME MINICH, WENDY
STREET ADDRESS 2234 5TH CT. SE
CITY-ST-ZIP VERO BEACH FL 32962

TITLE D ☒ DELETE

NAME HAYES, SARA
STREET ADDRESS 507 LAKE VICTORIA CIRCLE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE

NAME BROWNE, JOAN
STREET ADDRESS 2165 GALLEON DR H-2
CITY-ST-ZIP VERO BEACH FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME ANN Wood
1.3 STREET ADDRESS 2224 5th Court S.E.
1.4 CITY-ST-ZIP Vero Beach, FL. 32962

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Judy Higgins
2.3 STREET ADDRESS 2060 5th Ave
2.4 CITY-ST-ZIP Vero Beach, FL. ~~32966~~ 32967

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1999 (561) 562-8972
Date Daytime Phone #

CR2E037 (1/98)