


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90170 039 \*\*\*\*61.25

<b>DOCUMENT # N41031</b> 1. Entity Name TRI COUNTY OUTREACH, INC.	
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Principal Place of Business 708 N. MAIN STREET CHIEFLAND, FL. 32644 US	Mailing Address P. O. BOX 2194 CHIEFLAND, FL 32644 US
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04292004 No Chg-NP --- CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3050402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
MAYNARD, ELIZABETH A  
7651 N.W. 66TH COURT  
CHIEFLAND, FL 32626

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KEARNS, GEORGE 11951 N.W. 70TH AVENUE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEARNS, CAROL J 11951 N.W. 70TH AVENUE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, SABRINA 1205 N.W. 4TH AVENUE CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, CAROL 3550 N.W. 80TH CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUBES, GERALDINE 7550 N.W. 180TH STREET TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOFF, ELLEN 6251 N.W. 8TH AVENUE CHIEFLAND, FL 32626

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elizabeth Maynard Elizabeth Maynard 352-493-1554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #