

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # N41031

1. Entity Name
TRI COUNTY OUTREACH, INC.



Principal Place of Business
**708 N. MAIN STREET
CHIEFLAND, FL 32644 US
32626**

Mailing Address
**P. O. BOX 2194
CHIEFLAND, FL 32644 US**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3050402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEARNS, GEORGE
11951 70TH AVENUE
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 George Kearns George Kearns 1-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000785023
01/16/08-80077-023 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEARNS, GEORGE
STREET ADDRESS 11951 N.W. 70TH AVENUE
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE VD
NAME KEARNS, CAROL J
STREET ADDRESS 11951 N.W. 70TH AVENUE
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE TD
NAME LILES, STEPHEN
STREET ADDRESS 3951 NW 140TH STREET
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE SD
NAME LILES, RENEE
STREET ADDRESS 379 SW 316 AVENUE
CITY-ST-ZIP CROSS CITY, FL 32628

TITLE D
NAME LILES, DANNY
STREET ADDRESS 379 SW 316 AVENUE
CITY-ST-ZIP CROSS CITY, FL 32628

TITLE D
NAME MCCUMBERS, DAVID
STREET ADDRESS 1142 SHELLCREST
CITY-ST-ZIP CEDAR KEY, FL 32625

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George Kearns George Kearns 1-11-08 352-497-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #