

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41031

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRI COUNTY OUTREACH, INC.

Current Principal Place of Business:

708 N. MAIN STREET
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2194
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-3050402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARNS, GEORGE
11951 70TH AVENUE
CHIEFLAND, FL 32626 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: PD () Delete
Name: KEARNS, GEORGE
Address: 11951 N.W. 70TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626

Title: VD () Delete
Name: KEARNS, CAROL J
Address: 11951 N.W. 70TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626

Title: TD () Delete
Name: LILES, STEPHEN
Address: 3951 NW 140TH STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: SD () Delete
Name: LILES, RENEE
Address: 379 SW 316 AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: LILES, DANNY
Address: 379 SW 316 AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: MCCUMBERS, DAVID
Address: 1142 SHELLCREST
City-St-Zip: CEDAR KEY, FL 32625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE KEARNS

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date