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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N41607

1. Corporation Name

(5)

TRI-COUNTY HOUSING, INC.

FILED
May 21 1998 8:00am
Secretary of State

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Principal Place	of Business	Mailing Address			r raditinge mit dieset tiffig dient abbit aten dibit diffit allett biffit albit bibit bei	п			
107 S. RAILROA Bunnell fl 32		P.O. BOX 1495 BUNNELL FL 32110-8495			3. Date Incorporated or Qualified 01/10/1991	· · · · · · · · · · · · · · · · · · ·			
		Business P.O. BOX 1495 BUNNELL FL 32110-8495 2a. Mailing Address 2business 2business 2city Apt. 4, etc. 2city & State & Country 2city & State 2city & State & Country 2city & State 2city & State & Country 2city & State & C							
2. Principal Pla	ace of Business	 			1 6. Contingate of Status Desired 23	1			
Suite, Apt. 4		27			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Gity & State		├─ ┐ ′							
Kip	25	29 32110-1495		•)A			
9. Name and Address of Current Registered Agent									
			\ \frac{1}{2}	81 N	Name	-			
ALLEN, JAMES W. 39 FARRINGTON LANE				82 S	Street Address (P.O. Box Number is Not Acceptable)				
PALM CO	DAST FL 32137			63					
			l t	84 C	City 85 Zip Code	\neg			

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		<u> </u>				
	Signature, typod or printed name of registered agent and title if appl			e required when reinstating) DA1		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	\$10	DELETE	1.1 TITLE	5/D	☐ Change	Addition
NAME	FADERINI, CAROL		1.2 NAME	RICHARDSON, ANNA M.		
STREET ADDRESS	11 CHÎRPEWAY CT.		1.3 STREET ADDRESS	17 CERRUDO LN.		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY - ST - ZIP	PALM COAST. FL 32137		
TITLE	PO	DELETE	2.1 TITLE	TD	Change	Addition
NAME	WASHINGTON, ALBERT (SR.)		2.2 NAME	TRENE P. HOLLAND		
STREET ADDRESS	1294 JUNA STREET		2.3 STREET ADDRESS	TRENE P. HOLLAND TO WINDERMERE PL. PALM COAST, FL 32164 PD TOOLE TOOLS		
CITY-ST-ZIP	NEW SMYANA BEACH FL		2. 4 CITY - ST - ZIP	PALM COAST, FL 32164		
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ DELETE	3.1 TITLE	PD	Change	■ Addition
NAME	HARRIS, JAMES		3.2 NAME	HARRIS, JAMES F.	-	
STREET ADDRESS	78 FARRAGUT DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE	YD	Change	☐ Addition
NAME	FIENRY, DAISY		4. 2 NAME	HENRY, DAISY		
STREET ADDRESS	503 E DRAIN ST		4.3 STREET ADDRESS	l		
CITY-ST-ZIP	BUNNELL FL		4.4 CITY-ST-ZIP	32110		
TITLE	D_	DELETE	5.1 TITLE		Change	Addition
NAME	WILDIAMS, KATHERINE	-	5.2 NAME			
STREET ADDRESS	55 KNOX JONES RD		5.3 STREET ADDRESS			
CITY-ST-ZIP	ESPANOLÀ FL		5.4 CITY-ST-ZIP			
TITLE	b .	DELETE	6.1 TITLE		☐ Change	Addition
NAME	sniðer, gerald L	•	6.2 NAME			
STREET ADDRESS	4 CHIPPEWAY CT.		6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32137		6.4 CITY - ST - ZIP			

14. Thereby 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 gustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

F. Hams

(TAMES F. HARRIS)

4/27/98

(904) 445-1476

CR2E037 (10/97)