

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43420

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: TRI-DISTRICT INTERGROUP, INC.

## Current Principal Place of Business:

PLAZA BLDG  
3300 N. PACE, STE 322  
PENSACOLA, FL 32505

## New Principal Place of Business:

## Current Mailing Address:

PLAZA BLDG  
3300 N. PACE, STE 322  
PENSACOLA, FL 32505

## New Mailing Address:

FEI Number: 59-2914891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOKS, CHARLOTTE J  
3300 NORTH PACE BLVD.  
STE 322  
PENSACOLA, FL 32505 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: C ( ) Delete  
Name: CHARLOTTE, HOOKS  
Address: 6500 TAMPA DR  
City-St-Zip: PENSACOLA, FL 32526

Title: C ( ) Delete  
Name: VICK, GRAY  
Address: 114 BOSQUE CT  
City-St-Zip: CATONMENT, FL

Title: T ( ) Delete  
Name: OGDEN, BOB  
Address: 4741 KITTY KAVOK CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: TOLBERT, LENN  
Address: 8140 TABAID LN  
City-St-Zip: PENSACOLA, FL 32506

## 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:

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: CHARLOTTE J. HOOKS

CP

04/29/2008

Electronic Signature of Signing Officer or Director

Date