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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:18

DOCUMENT # N92000000016 (7)

1. Corporation Name
TRI-COUNTY SENIOR SERVICES FOUNDATION, INC.

Principal Place of Business	Mailing Address
2040 SANTA BARBARA BLVD NAPLES FL 33999 US	2040 SANTA BARBARA BLVD NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0371469 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COX, JOE B.
3001 TAMIAMI TR. N., #400
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ROBINSON, F. SPENCER	12 NAME	WESALINE PLUMMER	
STREET ADDRESS	3420 GULF SHORE BLVD., #12	13 STREET ADDRESS	1001 N. 15th ST.	
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	OATES, ED	22 NAME		
STREET ADDRESS	1321 SOLANA RD	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	FLOYD, LOUISE R.	32 NAME		
STREET ADDRESS	70 LIVE OAK LANE	33 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	PLUMMER, WESALINE	42 NAME	KENNETH DOWNING	
STREET ADDRESS	1001 N. 15TH ST.	43 STREET ADDRESS	350 HICKPOCHEE AVE.	
CITY-ST-ZIP	IMMOKALEE FL 33934	44 CITY-ST-ZIP	LaBelle FL 33935	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HUJSA, HOWARD	52 NAME		
STREET ADDRESS	3001 TAMIAMI TRAIL N	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	NOBLES, L.J.	62 NAME		
STREET ADDRESS	F. THOMPSON AVE./BOX 1900	63 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wesaline A Plummer 2/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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