05/24/04 80001.005 #61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL -8 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000016

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

Principal Place of Business	Mailing Address
475 E COWBOY WAY LABELLE, FL 33935 US	PO BOX 2400 LABELLE, FL 33975-2400 US

04152004 No Chg-NP CR2E037 (10/03) MRS

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4. FEI Number
65-0371469
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GULLEY, MELINDA S
475 E. COWBOY WAY
LABELLE, FL 33935

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRIL, JAMES
STREET ADDRESS	1400 AMECIRD
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	PD
NAME	DOWNING, KENNETH
STREET ADDRESS	350 HICKPOCHEE AVE.
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VP
NAME	NOBLES, L.J.
STREET ADDRESS	FT THOMPSON AVE/BOX 1900
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	TD
NAME	HOLLAND, WINIFRED
STREET ADDRESS	825 BRYAN AVENUE
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	SD
NAME	GULLEY, MELINDA S
STREET ADDRESS	1505 HONOR COURT
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	D
NAME	BOARDMAN, TOM
STREET ADDRESS	POLLYWOG POINT
CITY-ST-ZIP	LABELLE, FL 33935

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12. I hereby 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 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: Melinda S Gulley MELINDA S. GULLEY 04/15/04 (863)675-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #