

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005612 (7)

1. Corporation Name

TRI-COUNTY CITIZENS AGAINST DISCRIMINATION, INC.

Principal Place of Business

Mailing Address

~~1607 Fayetteville Drive~~

~~2100 Brookville Fl~~

1607 Fayetteville Drive
Spring Hill, Fla 34609

P O Box 15121
Brookville Fl 34609-0013

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3224904

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

WILLIAMS, GILBERT S
12206 BONVIEW LN
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name JAMES MENNELLA
82 Street Address (P.O. Box Number is Not Acceptable)
1607 Fayetteville Drive
83 Spring Hill
84 City Fla FL 85 Zip Code 34609

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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

James Mennella

03-15-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, GILBERT S
STREET ADDRESS	12206 BONVIEW LN
CITY ST ZIP	SPRING HILL FL
TITLE	VP
NAME	MENNELLA, JAMES
STREET ADDRESS	1607 FAYETTEVILLE DR.
CITY ST ZIP	SPRING HILL FL
TITLE	LAPARE, C.
NAME	11188 SPRING HILL DR.
STREET ADDRESS	SPRING HILL FL
CITY ST ZIP	
TITLE	S
NAME	KUYKENDALL, J.
STREET ADDRESS	11188 SPRING HILL DR.
CITY ST ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	JAMES MENNELLA	
13 STREET ADDRESS	1607 Fayetteville Drive	
14 CITY ST ZIP	Spring Hill Fla 34609	
21 TITLE	TVP	☒ Change ☐ Addition
22 NAME	GERALD TODEROFF	
23 STREET ADDRESS	16198 MAGNOLIA WABLER RD	
24 CITY ST ZIP	Brookville, Fla 34614	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	Ts	☒ Change ☐ Addition
42 NAME	RICHARD CALANDRIELLO	
43 STREET ADDRESS	1607 Fayetteville Drive	
44 CITY ST ZIP	Spring Hill Fla 34609	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(k), 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 liquidator 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:

James Mennella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-95

Date

President

Signature Here

0088971