

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005612**
1. Corporation Name
**TRI-COUNTY CITIZENS AGAINST
DISCRIMINATION, INC.**

Principal Place of Business Mailing Address
**1607 FAYETTEVILLE DRIVE P O BOX 15121
SPRING HILL FLA 34609 Brooksville, Fla
34609-0013**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/93		3a. Date of Last Report 05-01-95	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3224904		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JAMES MENNELLA
1607 FAYETTEVILLE DRIVE
SPRING HILL FLA 34609**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MENNELLA D	12 NAME	
STREET ADDRESS	1607 FAYETTEVILLE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FLA 34609	14 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GEORGE D	22 NAME	
STREET ADDRESS	15501 BELLAMY BROS. BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FLA 33525	24 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIA THOMAS D	32 NAME	
STREET ADDRESS	11090 KEENE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FLA 34608	34 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD CALANDRIELLO D	42 NAME	
STREET ADDRESS	1607 FAYETTEVILLE DRIVE	43 STREET ADDRESS	900001858669
CITY-ST-ZIP	SPRING HILL FLA 34609	44 CITY-ST-ZIP	-06/11/96--01150--047
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: **Jane Mennella** Pres. 04-24-96 (352) 686-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)