FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N93000005612 (7)

TRI-COUNTY CITIZENS AGAINST DISCRIMINATION, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1997 8:00am Secretary of State



1807 FAYETTEVILLE DRIVE SPRING HILL FL 34609		P.O. BOX 15121 BROOKSVILLE FL 34609-0113				
					3. Date Incorporated or Qualified 12/10/1993	3a. Date of Last Report 06/07/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3224904	Not Applicable	
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22]		27				Fee Required
City & State		City & State	¬ '		6. Election Campaign Financing	\$5.00 May Be
23 Ζίρ	Country	28	Coun	try	Trust Fund Contribution	Added to Fees
24	25	29	30	ur y	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
**1	9. Name and Address of Curren		130	•••	10. Name and Address of New Reg	
		<u></u>	1	31 Name	· · · · · · · · · · · · · · · · · · ·	
MENNE	.LA, JAMES			Street Add	dress (P.O. Box Number is Not Acceptab	(a)
	YETTEVILLE DRIVE		[`	JE SUBBLAUC	aress (F.O. Box Number is Not Acceptab	(10)
	HILL FL 34609		1	33		
			-	34 City		85 Zip Code
1				`` ,		
11. Pursuant to office or reagent. I as	to the provisions of Sections 617.050 agistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida of Florida. Such change alions of, Section 617.05	Statutes, the abo was authorized 03, Florida Statu	ove-named cor by the corpora tes.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE					,	
12.	Signature, typod or printed name of registered age OFFICERS ANI		(NO1E: Registered /	Agont a gnature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P OFFICENS ANI	DELE		F	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MENNELLA, JAMES ${\cal D}$		1.2 NAN			Change Hadditon
STREET ADDRESS	1607 FAYETTEVILLE DRIVE			EET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609			'-ST-21P		
TITLE	VPD	DELE				Change Addition
NAME	GEORGE, WILLIAM		2.2 NAV	IE I		_
STREET ADDRESS	15501 BELLAMY BROS. BLVI) .	2.3 STR	ET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		2. 4 CIT	V-S1-ZIP		
TITLE	TD	DELE	TE 3.1 TITU	E		Change Addition
NAME	THOMAS, ANTONIA 🔛		3.2 NAM	IE .		
STREET ADDRESS	11090 KEENE STREET		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608			Y-ST-ZIP		
TITLE	8	D DELE	1E 4.1 TITL	E		☐ Change ☐ Addition
NAME	CAR AIRINGEROL INCIDATO	\mathcal{D}	4. 2 NAN	AE		
STREET ADDRESS	1607 FAYETTEVILLE DRIVE		4.3 STRE	ET ADDRESS		•
CITY-ST-ZIP	SPRING HILL FL 34609	T seve		- ST - ZIP		
TITLE		☐ DELE				☐ Change ☐ Addition
NAME SYNCEY ADDRESS			5.2 NAM			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP TITLE		DELE		- ST- ZIP		Change Addition
NAME						CHAILBS CT WORKING
STREET ADDRESS			6.2 NAM	·		
*				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-81-214		ļ.

14. I do 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 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.