

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N93000005612 (7)

1. Corporation Name

TRI-COUNTY CITIZENS AGAINST DISCRIMINATION, INC.

Principal Place of Business

Mailing Address

1607 FAYETTEVILLE DRIVE  
SPRING HILL FL 34609

P.O. BOX 15121  
BROOKSVILLE FL 34609-0013

2. Principal Place of Business

21 17804 Meridian Blvd.

Suite, Apt. #, etc.

22

City & State

23 Hudson

Zip

24 34667

Country

25 pasco

2a. Mailing Address

27 Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/10/1993

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENNELLA, JAMES  
1607 FAYETTEVILLE DRIVE  
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name CORY S. HULL  
82 Street Address (P.O. Box Number is Not Acceptable)  
17804 Meridian Blvd.  
83 80000251718-3  
-10/26/98-01003-006  
84 City Hudson \*\*\*\*\*61.25 FL 34667

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)

9/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MENNELLA, JAMES  
STREET ADDRESS 1607 FAYETTEVILLE DRIVE  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☒ DELETE

NAME GEORGE, WILLIAM  
STREET ADDRESS 15501 BELLAMY BROS. BLVD.  
CITY-ST-ZIP DADE CITY FL

TITLE D ☒ DELETE

NAME THOMAS, ANTONIA  
STREET ADDRESS 11090 KEENE STREET  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☒ DELETE

NAME CALANDRIELLO, RICHARD  
STREET ADDRESS 1607 FAYETTEVILLE DRIVE  
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME CORY S. HULL  
1.3 STREET ADDRESS 17804 Meridian Blvd.  
1.4 CITY-ST-ZIP Hudson, FL 34667

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Debbie Perry  
2.3 STREET ADDRESS 6969 E. Hidden Court  
2.4 CITY-ST-ZIP Floral City, FL 34436

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Gil Williams  
3.3 STREET ADDRESS 12206 Bonview Lane  
3.4 CITY-ST-ZIP Spring Hill, FL 34609

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Jackie Timmons  
4.3 STREET ADDRESS 2241 E. Kennett Dr.  
4.4 CITY-ST-ZIP Hernando, FL 34442

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Chris Becker  
5.3 STREET ADDRESS P.O. Box 43, N/A  
5.4 CITY-ST-ZIP Lecanto, FL 34460

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/98

Date

813/863-6112

Daytime Phone #

CR2E037 (5/98)

0010899

FILED

98 OCT 20 AM 10:52

