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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005612

1. Corporation Name

TRI-COUNTY CITIZENS AGAINST DISCRIMINATION, INC.

Principal Place of Business

1607 FAYETTEVILLE DRIVE
SPRING HILL FL 34809

Mailing Address

P.O. BOX 15121
BROOKSVILLE FL 34609-0013



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/10/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3224904	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

HULL, CORY S
17804 MERIDIAN BLVD.
HUDSON FL 34667

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, CORY S	1.2 NAME	
STREET ADDRESS	17804 MERIDIAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, DEBBIE	2.2 NAME	
STREET ADDRESS	6969 E. HIDDEN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GAIL	3.2 NAME	WILLIAMS, GILBERT
STREET ADDRESS	12206 BONVIEW LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMONS, JACKIE	4.2 NAME	
STREET ADDRESS	2241 E. KENNETT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, CHRIS	5.2 NAME	
STREET ADDRESS	P.O. BOX 43, N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34460	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN	6.2 NAME	JOHN A. DOUGHERTY
STREET ADDRESS		6.3 STREET ADDRESS	5465 COMMERCIAL WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SPRING HILL, FL 34606

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)