

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90049 019 ****61.25

DOCUMENT # N94000003225

1. Entity Name

TRI-COUNTY COUNCIL FOR SENIOR HEALTH CARE, INC.



Principal Place of Business

**4918 FLORAMAR TERR
NEW PORT RICHEY FL 34652
US**

Mailing Address

**4918 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652
US**

30005982



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOK, JOAN N
4918 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARACCIA, SHANNON M**
STREET ADDRESS **6026 RIVER ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **PD** ☐ Delete
NAME **HOOK, JOAN N**
STREET ADDRESS **5091 ENSIGN LOOP**
CITY-ST-ZIP **NEW PT. RICHEY FL**

TITLE **D** ☐ Delete
NAME **LEWIS, JOAN B**
STREET ADDRESS **3235 CANAL PLACE**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **T** ☐ Delete
NAME **SIMMONS, MONICA A**
STREET ADDRESS **11014 GRANT DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Caraccia, Shannon M.**
STREET ADDRESS **8314 Roxboro Drive**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **PD** ☒ Change ☐ Addition
NAME **Hook Joan N**
STREET ADDRESS **7210 Jasmine Drive**
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **SIMMONS, Monica A**
STREET ADDRESS **12826 Ironwood Circle**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Nelson Hook **JOAN NELSON HOOK**

Date

1/19/05

Daytime Phone #