

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90030 041 ****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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3252867

Applied For

Not Applicable

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 ☐ Delete
NAME **CARACCIA, SHANNON M**
STREET ADDRESS **8314 ROXBORO DRIVE**
CITY ST ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME **PD
HOOK, JOAN N**
STREET ADDRESS **7210 JASMIN DRIVE**
CITY ST ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Delete
NAME **T
SIMMONS, MONICA A**
STREET ADDRESS **12826 IRONWOOD CIRCLE**
CITY ST ZIP **HUDSON FL 34667**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Change ☐ Addition
NAME **Director
David A. Hook**
STREET ADDRESS **7040 JASMIN DRIVE**
CITY ST ZIP **New Port Richey, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

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 exemptions contained in Section 119, 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 N Hook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2007 *727-842-1001*
Date Daytime Phone #