2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N94000003225

Entity Name: TRI-COUNTY COUNCIL FOR SENIOR HEALTH CARE, INC.

Current Principal Place of Business:

4918 FLORAMAR TERR
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4918 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3252867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARACCIA, SHANNON M
Address: 8314 ROXBORO DRIVE
City-St-Zip: HUDSON, FL 34667

Title: PD ( ) Delete
Name: HOOK, JOAN N
Address: 7210 JASMIN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: HOOK, DAVID A
Address: 7040 JASMIN DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T ( ) Delete
Name: SIMMONS, MONICA A
Address: 12826 IRONWOOD CIRCLE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SIMMONS, MONICA A
Address: 7142 STEINBECK WAY, APT. 208
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. HOOK D 01/06/2009

Electronic Signature of Signing Officer or Director Date