

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003225

FILED  
Jan 05, 2011  
Secretary of State

**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 TERR  
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  
Name: CARACCIA, SHANNON M  
Address: 8314 ROXBORO DRIVE  
City-St-Zip: HUDSON, FL 34667

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

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

Title: T  
Name: SIMMONS, MONICA A  
Address: 9041 WATER HAZARD DR  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: JOAN NELSON HOOK

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date