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Mar 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001018 (8)

1. Corporation Name

TRI-COUNTY COUNCIL FACILITIES, INC.



Principal Place of Business

Mailing Address

204 N MAIN STREET  
CHIEFLND FL 32626PO BOX 1037  
CHIEFLND FL 32644-10373. Date Incorporated or Qualified  
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4949 SW State Road 26

26 4949 SW State Road 26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Drawer 1259

27 P.O. Drawer 1259

City &amp; State

City &amp; State

23 Trenton, Florida

28 Trenton, Florida

Zip

Country

Zip

Country

24 32693

25 Gilchrist

29 32693

30 Gilchrist

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIER, ELLEN  
204 N MAIN STREET  
CHIEFLND FL 32626

81 Name Allen, Joe Hubert

82 Street Address (P.O. Box Number is Not Acceptable)  
#1 A & N Estates

83

84 City Cross City

FL

85 Zip Code 32628

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

Joe Hubert Allen

1-17-97

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HODGES, ANNE G	%204 N MAIN STREET	CHIEFLND FL 32626	<input checked="" type="checkbox"/>
PD	ALLEN, JOE HUBERT	%204 N MAIN STREET	CHIEFLND FL 32626	<input type="checkbox"/>
D	WARREN, RAYMOND	%204 N MAIN STREET	CHIEFLND FL 32626	<input type="checkbox"/>
D	BREWER, FRANCIS	%204 N MAIN STREET	CHIEFLND FL 32626	<input type="checkbox"/>
VD	LAYFIELD, VERNON	RT 3, BOX 19	TRENTON FL 32693	<input type="checkbox"/>
STD	COLLINS, JERROLD	%204 N MAIN STREET	CHIEFLND FL 32626	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
D	Reverend Bobby Lindsey	HC1 Box 679 N/A	Old Town, FL 32680																	STD	Douglas K. Beach	P.O. Box 281 N/A	Trenton, FL 32693

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Hubert Allen

1/17/97

Date

Daytime Phone: 10011635

CR2E037 (9/96)