

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000112

1. Entity Name
TRI-COUNTY ADVISORY COUNCIL, INC.



Principal Place of Business
20872 NE KELLY AV
BLOUNTSTOWN, FL 32424

Mailing Address
20872 NE KELLY AV
BLOUNTSTOWN, FL 32424



08032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3419163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGAN, HARRY
20872 NE KELLY AVE
BLOUNTSTOWN, FL 32424

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
RICH, DAVID
P.O. BOX 248
WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHEPPARD, KEN
1615 W. CENTRAL AVENUE
BLOUNTSTOWN, FL 32424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORTON, CHARLES
103 SAINT JOSEPH DRIVE
PORT ST. JOE, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CARTER, ROY LEE
PO BOX 250
WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 Chapter 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: *Roy Lee Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-2006 850-639-3200
Date Daytime Phone #