

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000004148

1. Entity Name

TRI-COUNTY MINISTRIES INC

Principal Place of Business

Mailing Address

RT. 5 BOX 1582 SPRING HOLLOW RD.  
MONTICELLO FL 32344

RT. 5 BOX 1582 SPRING HOLLOW RD.  
MONTICELLO FL 32344-9805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

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.

SIGNATURE

Rev. Marvin Graham

5/7/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. = James Muck ☒ Delete  
RT 4, Box 4419-6  
Monticello, FL 32344

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V = V.J. Johnson ☒ Change ☐ Addition  
403 Stonehouse Road  
Tallahassee, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S. = Sarah C. Beat ☒ Delete  
1121 Virgil Rd. Apt A  
Tallahassee, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S = Kariisa Blue ☒ Change ☐ Addition  
845 Goldburg  
Monticello, FL 32344

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T = V.J. Johnson ☐ Change ☐ Addition  
403 Stonehouse Road  
Tallahassee, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T = Charlie Hill Sr. ☐ Change ☐ Addition  
RT 1 BOX 82  
Lamont, FL 32336

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T = Costell Cross ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 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:

SIGNATURE REQUIRED

5/7/2000 850 997-4420

Date

Daytime Phone #

49000004148  
**A. DIRECTORS**

**Chairman: Marvin Graham**  
**Address: Rt. 1 Box 24-c**  
**Lamont, FL. 32336**

**Vice Chariman: Gloria Graham**  
**Address: Rt. 1 Box 24-c**  
**Lamont, FL. 32336**

**Director: Rick Hatler**  
**Address: Rt. 4 Box 4339**  
**Monticello, FL. 32344**

**Director: Patricia Inkenbrant**  
**Address: Rt. 2 Box 2212**  
**Tallahassee, FL. 32301**

**B. OFFICERS**

**President: Marvin Graham**  
**Address: Rt. 1 box 24-c**  
**Lamont, Florida 32336**

**Vice President: V. J. Johnson**  
**Address: 403 Stonehouse Rd.**  
**Tallahassee, FL. 32301**

~~49000004148~~  
**Secretary: Kirissa Blue**

**Address: 845 Goldburg**  
**Monticello, FL. 32344**

**Treasurer: Margert J. Kinsey**  
**Address: Rt. 1 Box 227**  
**Monticello, FL. 32344**

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