

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 025 ****61.25

DOCUMENT # *N99000004148*

1. Entity Name

Tri-County Ministries

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1599 Springhollow Rd

Suite, Apt. #, etc.

3. Mailing Address

1599 Springhollow Rd

Suite, Apt. #, etc.

94064420

DO NOT WRITE IN THIS SPACE

City & State

Monticello, FL

City & State

Monticello, FL

4. FEI Number

Applied For

Not Applicable

Zip

32344

Country

Jefferson

Zip

32344

Country

Jefferson

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P.T.D.

Johnson V. J

403 Stonehouse Rd

Tallahassee, FL 32301

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

Marvin Graham

149 Anderson Hill Rd

Lamont, FL 32336

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S.

Barbara Whaley

P.O. Box 113

Lamont, FL 32336

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T.

Tomoka Graham

443 SW Yalaha Way

Lamont, FL 32336

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

B.

Katrina Johnson

1879 Talley Ann Ct

Tallahassee, FL 32311

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marvin Graham*

4/23/04

CR2E037B (12/01)