

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 14 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N99000004148</b> 1. Entity Name <b>TRI-COUNTY MINISTRIES INC</b>	
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Principal Place of Business <b>1599 SPRINGHOLLOW RD. MONTICELLO, FL 32344</b>	Mailing Address <b>1599 SPRINGHOLLOW RD. MONTICELLO, FL 32344</b>
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2. Principal Place of Business <i>1599 Springhollow Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>1599 Springhollow Rd</i> Suite, Apt. #, etc.
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04142006 Chg-NP CR2E037 (11/05)

City & State <i>Monticello, FL</i>	City & State <i>Monticello, FL</i>
Zip <i>32344</i>	Zip <i>32344</i>
Country <i>Jefferson</i>	Country <i>Jefferson</i>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRAHAM, MARVIN REV. RT. 1 BOX 24C LAMONT, FL 32336</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

200072742592  
 04/28/06--01033--022 \*\$70.00  
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VTD	TITLE	Pres
NAME	JOHNSON, V. J. <input checked="" type="checkbox"/> Delete	NAME	Marvin Graham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	403 STONEHOUSE RD	STREET ADDRESS	149 Anderson Hill Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Lamont, FL 32336
TITLE	VP	TITLE	V. Pres.
NAME	GRAHAM, MARVIN <input checked="" type="checkbox"/> Delete	NAME	Rodney Schwab <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	149 ANDERSON HILL RD.	STREET ADDRESS	3345 N US 19
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	Perry, FL 32347
TITLE	S	TITLE	Director
NAME	WHALEY, BARBARA <input type="checkbox"/> Delete	NAME	Elizabeth James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 113	STREET ADDRESS	178 E 10th Way
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	Greenville, FL 32331
TITLE	T	TITLE	Trustee
NAME	GRAHAM, TOMEKA <input checked="" type="checkbox"/> Delete	NAME	Cosfell Cross <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	443 SW YALAHUA WAY	STREET ADDRESS	1599 Spring Hollow Rd
CITY-ST-ZIP	LAMONT, FL 32336	CITY-ST-ZIP	Monticello, FL 32344
TITLE	B	TITLE	B.T.
NAME	JOHNSON, KATINA <input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1879 TALLEY AM CT.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	CITY-ST-ZIP	
TITLE	D	TITLE	Trustee
NAME	WILLIAMS, LEORY <input checked="" type="checkbox"/> Delete	NAME	Gary A. Brett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PO BOX 817	STREET ADDRESS	3345 N US 19
CITY-ST-ZIP	GREENVILLE, FL 32331	CITY-ST-ZIP	Perry, FL 32347

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: Marvin Graham 4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #