


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004148		
1. Entity Name TRI-COUNTY MINISTRIES INC		

Principal Place of Business 1599 SPRINGHOLLOW RD. MONTICELLO, FL 32344	Mailing Address 1599 SPRINGHOLLOW RD. MONTICELLO, FL 32344
--	--

2. Principal Place of Business <i>1599 Springhollow Rd</i>	3. Mailing Address <i>1599 Springhollow Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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>

6. Name and Address of Current Registered Agent GRAHAM, MARVIN REV. RT. 1 BOX 24C LAMONT, FL 32336	
---	--

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. 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 reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOHNSON, V. J. 403 STONEHOUSE RD TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres</i> <i>Marvin Graham</i> <i>149 Anderson Hill Rd</i> <i>Lamont, FL 32336</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, MARVIN 149 ANDERSON HILL RD. LAMONT, FL 32336 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. Pres.</i> <i>Rodney Schwab</i> <i>3365 N. US 19</i> <i>Perry, FL 32347</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHALEY, BARBARA PO BOX 113 LAMONT, FL 32336 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Elizabeth James</i> <i>178 E 10th Way</i> <i>Greenville, FL 32331</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, TOMEKA 443 SW YALAHUA WAY LAMONT, FL 32336 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee</i> <i>Costell Cross</i> <i>1599 Spring Hollow Rd</i> <i>Monticello, FL 32344</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B JOHNSON, KATINA 1879 TALLEY AM CT. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B.T.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEORY PO BOX 817 GREENVILLE, FL 32331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Trustee</i> <i>Gary A. Brett</i> <i>3365 N. US 19</i> <i>Perry, FL 32347</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: <i>Marvin Graham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/14/06</i> Daytime Phone #

FILED

06 APR 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142006 Chg-NP CR2E037 (11/05)

4. FEI Number
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

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.

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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.