

2008 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 US

Mailing Address
1599 SPRINGHOLLOW RD
MONTICELLO, FL 32344 US

FILED

08 MAY 30 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GRAHAM, MARVIN
RT 1, BOX 24C
LAMONT, FL 32336

Name

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

149 Anderson Hill Rd.

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)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, MARVIN	
STREET ADDRESS	149 ANDERSON HILL RD	
CITY-ST-ZIP	LAMONT, FL 32336	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWAB, RODNEY	
STREET ADDRESS	2365 N US 19	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHALEY, BARBARA	
STREET ADDRESS	PO BOX 113	
CITY-ST-ZIP	LAMONT, FL 32336	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ELIZABETH	
STREET ADDRESS	178 E 10TH WAY	
CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	BT	<input type="checkbox"/> Delete
NAME	JOHNSON, KATINA	
STREET ADDRESS	1879 TALLEY AM CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRETT, GARY A	
STREET ADDRESS	2365 N US 19	
CITY-ST-ZIP	PERRY, FL 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500131408065	
STREET ADDRESS	06/17/08--01018--011	**70.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/08

Date

212-7669

Daytime Phone #