

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90034 023 \*\*\*\*61.25

**DOCUMENT # N99000004148**



1. Entity Name  
**TRI-COUNTY MINISTRIES INC**

Principal Place of Business  
**RT. 5 BOX 1582 SPRING HOLLOW RD.  
MONTICELLO FL 32344**

Mailing Address  
**RT. 5 BOX 1599 SPRING HOLLOW RD.  
MONTICELLO FL 32344**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 REV.  
RT. 1 BOX 24C  
LAMONT FL 32336**

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 *Marvin Graham*  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	JOHNSON, V. J.	
STREET ADDRESS	403 STONEHOUSE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRAHAM, TOMEKA	
STREET ADDRESS	RT 1 BOX 36	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, V. J.	
STREET ADDRESS	403 STONEHOUSE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HILL, CHARLIE SR	
STREET ADDRESS	RD 1 BOX 82	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	T	<input type="checkbox"/> Delete
NAME	NESTUR, DIANN	
STREET ADDRESS	1920 FREDONIA RD.	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEORY	
STREET ADDRESS	PO BOX 817	
CITY-ST-ZIP	GREENVILLE FL 32331	

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	
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 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: *Marvin Graham* SIGNATURE REQUIRED

CR2E037 (10/02)