## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 733339** 

Entity Name: TRI-COUNTY CENTRAL OFFICE, INC.

FILED Feb 09, 2017 Secretary of State CC6890515759

## **Current Principal Place of Business:**

8019 N. HIMES AVENUE SUITE 104 TAMPA, FL 33614

## **Current Mailing Address:**

8019 N. HIMES AVENUE SUITE 104 TAMPA, FL 33614

FEI Number: 59-1605474 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SMITH, TIMOTHY W 8019 N. HIMES AVE STE 104 TAMPA, FL 33614 US

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:

**Electronic Signature of Registered Agent** 

Date

Officer/Director Detail:

Title VC Title CHAIRMAN

Name LUCIER, ROBERT Name BALDWIN, LARRY

Address 113 WEST EMPIRE DRIVE Address 530 SANDHILL POINT LANE

City-State-Zip: BRANDON FL 33510 City-State-Zip: SEFFNER FL 33584

Title DIRECTOR Title DIRECTOR

Name FERMANDEZ, PETER Name WILLIAMS, MINDY

Address 21750 MIMS WAY Address 11630 MONETTE ROAD

City-State-Zip: LUTZ FL 33549 City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR Title DIRECTOR

Name PARRA, PEDRO Name JOHNSON, BILL

Address 4309 N. CENTRAL AVENUE Address 5910 WATERCOLOR DRIVE

City-State-Zip: TAMPA FL 33603 City-State-Zip: LITHIA FL 33547

Title DIRECTOR

Name ZIMMERMAN, SUE

Address 5108 ST, CHARLES PLACE

City-State-Zip: TAMPA FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY BALDWIN CHAIRMAN 02/09/2017