

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737117

Entity Name: TRI-COUNTY HUMAN SERVICES, INC.**Current Principal Place of Business:**1815 CRYSTAL LAKE DRIVE
LAKELAND, FL 33801-5979**Current Mailing Address:**1815 CRYSTAL LAKE DRIVE
LAKELAND, FL 33801-5979 US**FEI Number:** 59-1708182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUNIFF, LINDA
1012 NORTH RIVERDALE ROAD
AVON PARK, FL 33825 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	T
Name	COOK, BARBARA
Address	4325 NASSAU DRIVE
City-State-Zip:	SEBRING FL 33870

Title	S, SECRETARY
Name	ROACH, RICHARD
Address	2612 COVENTRY AVENUE
City-State-Zip:	LAKELAND FL 33803

Title	V
Name	CONTI, TONY
Address	1962 E. EDGEWOOD DRIVE
City-State-Zip:	LAKELAND FL 33803

Title	D
Name	NEAL, DAVID
Address	400 AVENUE K, S.E. - SUITE 10
City-State-Zip:	WINTER HAVEN FL 33880

Title	CHM
Name	CUNNIFF, LINDA
Address	1012 N RIVERDALE ROAD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	STROUP, CHARLEEN
Address	1050 CRACKER HAMMOCK
City-State-Zip:	SEBRING FL 33875

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: CUNNIFF, LINDA

CHM

02/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date