**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 23, 2022**
**Secretary of State**
**7586141837CC**

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:**

SCOYNES, DAVID
1815 CRYSTAL LAKE DRIVE
LAKELAND, FL 33801-5979 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: DAVID SCOYNES 01/23/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VC |
| Name | BATTLE, LEON |
| Address | 1015 SIKES BLVD. |
| City-State-Zip: | LAKELAND FL 33815 |

| | |
|---|---|
| Title | TREASURER |
| Name | IDELL, JENNIFER |
| Address | 856 TWIN OAKS LANE |
| City-State-Zip: | WINTER HAVEN FL 33880 |

| | |
|---|---|
| Title | CEO |
| Name | RIHN, ROBERT C |
| Address | 1815 CRYSTAL LAKE DRIVE |
| City-State-Zip: | LAKELAND FL 33801-5979 |

| | |
|---|---|
| Title | OFFICER AT LARGE |
| Name | MAY, ARLENE VENEZIA |
| Address | 3011 EAGLE HAVEN DRIVE |
| City-State-Zip: | WINTER HAVEN FL 33880 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | SCOYNES, DAVID |
| Address | 633 CRESCENT HILLS WAY |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PHILLIPS, TINA |
| Address | 4255 STAFFORD DRIVE |
| City-State-Zip: | WINTER HAVEN FL 33880-1142 |

| | |
|---|---|
| Title | SECRETARY |
| Name | BEATTY, BRAD |
| Address | 137 LAKE OTIS ROAD |
| City-State-Zip: | WINTER HAVEN FL 33884 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BARRETT, TOM L. |
| Address | 5318 N. HUCKLEBERRY LAKE DRIVE |
| City-State-Zip: | SEBRING FL 33875 |

**Continues on page 2**

*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: TINA S PHILLIPS DIRECTOR 01/23/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | VINESETT, LINDA KELLY |
| Address | 2500 LAUREL GLEN DRIVE |
| City-State-Zip: | LAKELAND FL 33803 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MONROE, VANCE |
| Address | 1891 JIM KEENE BLVD. |
| City-State-Zip: | WINTER HAVEN FL 33880 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BRYANT, TERRI |
| Address | 1809 MARIGOLD AVENUE |
| City-State-Zip: | SEBRING FL 33875 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COLLINS, SYLVIA |
| Address | P. O. BOX 716 |
| City-State-Zip: | WAUCHULA FL 33873 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BENTON, SUSAN |
| Address | 5071 STRAFFORD OAKS DRIVE |
| City-State-Zip: | SEBRING FL 33875 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | VANSTEE, DONN |
| Address | 1815 CRYSTAL LAKE DRIVE |
| City-State-Zip: | LAKELAND FL 33801-5979 |