

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000112

Entity Name: TRI-COUNTY ADVISORY COUNCIL, INC.**Current Principal Place of Business:**17680 N. W. MAGNOLIA CHURCH RD.
ALTHA, FL 32421**Current Mailing Address:**P. O, BOX 216
BLOUNTSTOWN, FL 32424 US**FEI Number: 59-3419163****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHEPPARD, KENNETH
16834 S. W. 16TH ST.
BLOUNTSTOWN, FL 32424 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: KENNETH SHEPPARD****02/10/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T/D
Name	RICH, DAVID
Address	P.O. BOX 248
City-State-Zip:	WEWAHITCHKA FL 32465

Title	P/D
Name	SHEPPARD, KEN
Address	1615 W. CENTRAL AVENUE
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	JOHNNIE, EUBANKS
Address	11493 N. W. SUMMERS RD.
City-State-Zip:	BRISTOL FL 32321

Title	S/D
Name	CARTER, ROY LEE
Address	PO BOX 250
City-State-Zip:	WEWAHITCHKA FL 32465

Title	D
Name	MCDANIEL, WARD
Address	P. O. BOX 823
City-State-Zip:	WEWAHITCHKA32465 FL

Title	DIRECTOR
Name	MONROE, WENDY TEMPLE
Address	P. O. BOX 1001
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	WARD, GARY
Address	20522 N. E. MACEDONIA RD.
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	RALPH, WHITFIELD
Address	17282 N. W. COUNTY RD. 12
City-State-Zip:	BRISTOL FL 32321

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: KENNETH SHEPPARD**OWNER****02/10/2025**

Electronic Signature of Signing Officer/Director Detail

Date