


**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90548 040 \*\*\*\*70.00

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N03000004219</b>					
1. Entity Name <b>HILLSBOROUGH COUNTY ANTI-DRUG ALLIANCE, INC.</b>					
Principal Place of Business P. O. BOX 1110 TAMPA, FL 33601-1110		Mailing Address P. O. BOX 1110 TAMPA, FL 33601-1110		<b>66421003</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>71-0950570</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DOWNUM, JAMES 800 E. KENNEDY BLVD., 5TH FLOOR TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>James Downum</b> Street Address (P.O. Box Number is Not Acceptable) <b>9601 Regents Park Drive</b> City <b>Tampa</b> FL Zip Code <b>33647</b>		
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 _____		<b>James Downum, Chair</b>		DATE <b>4/28/04</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Chair James Downum 9601 Regents Dr. Tampa, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chair Tom Schlarbaum 401 E. Kennedy Blvd. Tampa, FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Jan MacLeod 601 E. Kennedy Blvd. Tampa, FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____		<b>James Downum, Chair</b>		DATE <b>4/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	