


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90244 004 \*\*\*\*61.25

**DOCUMENT # N03000004219**  
 1. Entity Name  
**HILLSBOROUGH COUNTY ANTI-DRUG ALLIANCE, INC.**



Principal Place of Business  
**P. O. BOX 1110  
 TAMPA, FL 33601-1110**

Mailing Address  
**P. O. BOX 1110  
 TAMPA, FL 33601-1110**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**71-0950570**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOWNUM, JAMES**  
**800 E. KENNEDY BLVD., 5TH FLOOR**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DOWNUM, JAMES	
STREET ADDRESS	9601 REGENTS DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	SCHLARBAUM, TOM	
STREET ADDRESS	901 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACLEOD, JON	
STREET ADDRESS	601 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elvin Martinez, Jr.	
STREET ADDRESS	800 E. Twiggs Street	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Aderhold	
STREET ADDRESS	601 E. Kennedy Blvd -24th Floor	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessica Spencer	
STREET ADDRESS	P.O. Box 172927, Tampa, FL 33672	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Genie Short	
STREET ADDRESS	4532 W. Kennedy Blvd. #311	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Genie V. Short* **GENIE V. SHORT** **04-19-05 800-891-9216x03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #