

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004219

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** HILLSBOROUGH COUNTY ANTI-DRUG ALLIANCE, INC.

**Current Principal Place of Business:**

6800 N. DALE MABRY HWY.  
130  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

6800 N. DALE MABRY HWY.  
SUITE 130  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 71-0950570      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHORT, GENIE S  
6800 N. DALE MABRY HWY.  
#130  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

WOYTOWICH, RICH M  
6800 N. DALE MABRY HWY.  
#130  
TAMPA, FL 33614 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: RICH WOYTOWICH

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: WOYTOWICH, RICHARD M  
Address: 6800 N. DALE MABRY HWY. #130  
City-St-Zip: TAMPA, FL 33614 US

Title: VC  
Name: BUFE, SONYA  
Address: 6800 N. DALE MABRY HWY. #130  
City-St-Zip: TAMPA, FL 33614 US

Title: S  
Name: FEINBERG, JACK  
Address: 6800 N. DALE MABRY HWY - SUITE 130  
City-St-Zip: TAMPA, FL 33614 US

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: RICH WOYTOWICH

T

03/31/2010

Electronic Signature of Signing Officer or Director

Date