


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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOWNUM, JAMES 800 E. KENNEDY BLVD., 5TH FLOOR TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNUM, JAMES		NAME	Elvin Martinez, Jr.	
STREET ADDRESS	9601 REGENTS DRIVE		STREET ADDRESS	800 E. Twiggs Street	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLARBAUM, TOM		NAME	Tom Aderhold	
STREET ADDRESS	901 E KENNEDY BLVD		STREET ADDRESS	601 E. Kennedy Blvd -24th Floor	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACLEOD, JON		NAME	Jessica Spencer	
STREET ADDRESS	601 E KENNEDY BLVD		STREET ADDRESS	P.O. Box 172927, Tampa, FL 33672	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GENIE Short	
STREET ADDRESS			STREET ADDRESS	4532 W. Kennedy Blvd. #311	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-19-05 800-871-9216x03 <small>Date Daytime Phone #</small>		