

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004219

FILED
Aug 08, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTINEZ, ELVIN JR
800 E. KENNEDY BLVD.
5TH FLOOR
TAMPA, FL 33602 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MARTINEZ, JR, ELVIN JR.
Address: 800 E. KENNEDY BLVD. - 5TH FLOOR
City-St-Zip: TAMPA, FL 33602 US

Title: VC () Delete
Name: ADERHOLD, TOM
Address: 5215 WILCOX RD.
City-St-Zip: TAMPA, FL 33624 US

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

Title: T () Delete
Name: DAVIS, PAUL MAJOR
Address: 6800 N. DALE MABRY HWY. SUITE 130
City-St-Zip: TAMPA, FL 33614 US

Title: DIR () Delete
Name: CARRIGAN, SUSAN
Address: 6800 N. DALE MABRY HWY. SUITE 130
City-St-Zip: TAMPA, FL 33614 US

Title: DEV () Delete
Name: SHORT, GENIE S
Address: 6843 CIRCLE CREEK DR
City-St-Zip: PINELLAS PARK, FL 33781 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GENIE SHORT

DEV

08/08/2008

Electronic Signature of Signing Officer or Director

Date