

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 08, 2008  
Secretary of State

DOCUMENT# N03000004219

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:**

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

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

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:

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