

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726954

FILED
Jan 14, 2009
Secretary of State

Entity Name: DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE, INC.

Current Principal Place of Business:

4422 EAST COLUMBUS DRIVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

4422 EAST COLUMBUS DRIVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-1514993 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ULREY, MARY LYNN
4422 EAST COLUMBUS DRIVE
TAMPA, FL 33605 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: 1VP () Delete
Name: DONALDSON, DAVID
Address: 4400 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: DIR () Delete
Name: TERRY, COLONEL GARY
Address: HILLS CO. SHERIFF'S OFFICE
City-St-Zip: TAMPA, FL 33610

Title: TREA () Delete
Name: WILLIAMS, ROBERT V
Address: ONE TAMPA CITY CENTER, STE 3200
City-St-Zip: TAMPA, FL 33602

Title: PRES () Delete
Name: CASPER, SUSAN
Address: 905 SOUTH DAKOTA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: DIR () Delete
Name: HALADAY, PENNY
Address: 1314 ESTATEWOOD DRIVE
City-St-Zip: BRANDON, FL 33510

Title: SEC () Delete
Name: WHITE, ANDREA
Address: BRIGHTHOUSE 525 GRND REGENCY BLVD
City-St-Zip: BRANDON, FL 33510

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: SEC (X) Change () Addition
Name: WHITE, ANDREA
Address: BRIGHTHOUSE 4145 S FAULKENBURG RD
City-St-Zip: RIVERVIEW, FL 33578

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: SUSAN G. CASPER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date