

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004219

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

**Current Principal Place of Business:**

4612 NORTH 56TH STREET  
TAMPA, FL 33610

**Current Mailing Address:**

4612 NORTH 56TH STREET  
TAMPA, FL 33610 US

**FEI Number: 71-0950570**

**Certificate of Status Desired: Yes**

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

GRANT, CINDY  
4612 NORTH 56TH STREET  
TAMPA, FL 33610 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: CINDY GRANT**

**06/05/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name RICK, KEVIN  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title P, OTHER, PAST CHAIR  
Name BUFE, SONYA  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title C, CHAIRMAN  
Name SNELLING, ELLEN  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title VC  
Name PARRADO, BOB  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title SECRETARY  
Name GIESEKING, BILL  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name GRANT, CINDY  
Address 4612 NORTH 56TH STREET  
City-State-Zip: TAMPA FL 33610

*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: CINDY GRANT**

**DIRECTOR**

**06/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date