

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004219

**FILED
Nov 12, 2015
Secretary of State
CR6836755927**

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

Current Principal Place of Business:

2815 E HENRY AVENUE
SUITE B-1
TAMPA, FL 33610

Current Mailing Address:

2815 E HENRY AVENUE
SUITE B-1
TAMPA, FL 33610 US

FEI Number: 71-0950570

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRANT, CINDY
2815 E HENRY AVENUE
SUITE B-1
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

11/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T	Title	P, OTHER, PAST CHAIR
Name	RICK, KEVIN	Name	BUFE, SONYA
Address	2815 E HENRY AVENUE SUITE B-1	Address	2815 E HENRY AVENUE SUITE B-1
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610
Title	C, CHAIRMAN	Title	VC
Name	SNELLING, ELLEN	Name	MURATTI, RENEE
Address	2815 E HENRY AVENUE SUITE B-1	Address	2815 E HENRY AVENUE SUITE B-1
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610
Title	SECRETARY	Title	DIRECTOR
Name	GIESEKING, BILL	Name	GRANT, CINDY
Address	2815 E HENRY AVENUE SUITE B-1	Address	2815 E HENRY AVENUE SUITE B-1
City-State-Zip:	TAMPA FL 33610	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

11/12/2015

Electronic Signature of Signing Officer/Director Detail

Date