

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004219

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:**_____
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****03/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date