

**2013 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  
Name RICK, KEVIN  
Address 2815 E HENRY AVENUE  
SUITE B-1  
City-State-Zip: TAMPA FL 33610

Title S  
Name SNELLING, ELLEN  
Address 2815 E HENRY AVENUE  
SUITE B-1  
City-State-Zip: TAMPA FL 33610

Title C  
Name BUFE, SONYA  
Address 2815 E HENRY AVENUE  
SUITE B-1  
City-State-Zip: TAMPA FL 33610

Title VC  
Name BOB PARRADO  
Address 2815 E HENRY AVENUE  
SUITE B-1  
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**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date