

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006165

Entity Name: HAMILTON COUNTY ALCOHOL AND OTHER DRUG
PREVENTION COALITION, INC.**FILED**
Jan 16, 2020
Secretary of State
5650105880CC**Current Principal Place of Business:**1153 US HIGHWAY41,NW
SUITE 12
JASPER, FL 32052**Current Mailing Address:**PO BOX 946
JASPER, FL 32052**FEI Number: 27-1863081****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUMPKIN, EMILY
1437 NW CR 145
JENNINGS, FL 32053 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: EMILY LUMPKIN****01/16/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	TBA, TBA
Address	1153 US HIGHWAY 41 NW STE 12
City-State-Zip:	JASPER FL

Title	VC
Name	FENNEMAN, DON
Address	2618 NW 99TH AVENUE
City-State-Zip:	JASPER FL 32052

Title	S
Name	CARTER, BRENDA
Address	PO BOX 215
City-State-Zip:	JENNINGS FL 32053

Title	TREASURER
Name	HUTTO, LAURA
Address	1153 US HWY 41 NE
City-State-Zip:	JASPER FL 32052

Title	EXECUTIVE DIRECTOR
Name	LUMPKIN, EMILY
Address	1437 NW CR 145
City-State-Zip:	JENNINGS FL 32053

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: EMILY LUMPKIN**EXECUTIVE DIRECTOR****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date