

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006165

Entity Name: HAMILTON COUNTY ALCOHOL AND OTHER DRUG
PREVENTION COALITION, INC.**FILED**
Jan 28, 2013
Secretary of State
CC7455556304**Current Principal Place of Business:**4280 SW CR 152
JASPER, FL 32052**Current Mailing Address:**PO BOX 946
JASPER, FL 32052**FEI Number: 27-1863081****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCDONALD, GRACE
3806 NW 57TH BLVD
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title C
Name CHESHIRE, JERAMIE
Address 3937 NWUS HIGHWAY 41
City-State-Zip: JENNINGS FL 32053Title VC
Name FENNEMAN, DON
Address 2618 NW 99TH AVENUE
City-State-Zip: JASPER FL 32052Title S
Name CARTER, BRENDA
Address PO BOX 215
City-State-Zip: JENNINGS FL 32053Title T
Name DEES, LAURA
Address 1153 US HWY 41 NE
City-State-Zip: JASPER FL 32052Title EXECUTIVE DIRECTOR
Name MCDONALD, GRACE D.
Address 3806 NW 57TH BLVD
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: GRACE D. MCDONALD**EXECUTIVE DIRECTOR****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date