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 appeal	
above, or on an attachment with all other like empowered.	

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	ULREY, MARY L	Name	HILLS, HOLLY	
Address	4422 E. COLUMBUS DRIVE	Address	4422 E. COLUMBUS DRIVE	
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605	
Title	DIRECTOR	Title	OFFICER	
Name	WILLIAMS, ROB	Name	ALVAREZ, COLLEEN	
Address	4422 E. COLUMBUS DRIVE	Address	4422 EAST COLUMBUS DRIVE	
City-State-Zip:	TAMPA FL 33605	City-State-Zip:	TAMPA FL 33605	

SIGNATURE: MARY LYNN ULREY

# Name and Address of Current Registered Agent:

ULREY, MARY LYNN 4422 EAST COLUMBUS DRIVE TAMPA, FL 33605 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.

# **Current Principal Place of Business:**

4422 E. COLUMBUS DRIVE TAMPA, FL 33605

4422 E. COLUMBUS DRIVE

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N11000007913

Entity Name: DACCO BEHAVIORAL HEALTH FOUNDATION, INC

## **Current Mailing Address:**

TAMPA FL 33605 US

# FEI Number: 45-3036832

## 01/23/2020

01/23/2020

Date

Certificate of Status Desired: Yes

FILED Jan 23, 2020 Secretary of State 4775541724CC

CEO

Date