

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007913

Entity Name: DACCO BEHAVIORAL HEALTH FOUNDATION, INC**Current Principal Place of Business:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605**Current Mailing Address:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605 US**FEI Number:** 45-3036832**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OBREGON, DEANNA
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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FORMER CEO
Name ULREY, MARY L
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title CEO
Name DEANNA , OBREGON
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title SECRETARY
Name WILLIAMS, ROB
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title CFO
Name ALVAREZ, COLLEEN
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title PRESIDENT
Name MCGUCKEN, GINNY
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title VP
Name RATTRAY, TAMMIE
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title TREASURER
Name HORTON, EARL
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

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: COLLEEN ALVAREZ**CFO****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date