

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007913

Entity Name: DRUG ABUSE COMPREHENSIVE COORDINATING OFFICE
FOUNDATION, INC.**FILED**
Jan 07, 2014
Secretary of State
CC6693958681**Current Principal Place of Business:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605**Current Mailing Address:**4422 E. COLUMBUS DRIVE
TAMPA, FL 33605**FEI Number: 45-3036832****Certificate of Status Desired: Yes****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.***SIGNATURE: MARY LYNN ULREY****01/07/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name ULREY, MARY L
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605Title D
Name HILLS, HOLLY
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605Title D
Name WILLIAMS, ROB
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605Title D
Name HARDEN, LIZ
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605Title D
Name MALFITANO, MIKE
Address 4422 E. 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: MARY LYNN ULREY**PRESIDENT****01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date